

Form **4** **Wisconsin Corporation**  
**Franchise or Income Tax Return**

**2012**

For 2012 or taxable year beginning 0 1 0 1 2 0 1 2 and ending 1 2 3 1 2 0 1 2  
M M D D C C Y Y M M D D C C Y Y

Complete form using **BLACK INK**.

**Due Date:** 15th day of 3rd month following close of taxable year.

Corporation or Designated Agent Name

**HIDE N SEEK FOODS, INC**

Number and Street

**32 ANY STREET**

Suite Number

City

**ANYTOWN**

State

**TX**

ZIP (+ 4 digit suffix if known)

**77287**

A Federal Employer ID Number

**110000002**

D Check ☒ if applicable and attach explanation:

1 ☐ Amended return

4 ☐ Short period - change in accounting period

2 ☐ First return - new corporation or entering Wisconsin

5 ☐ Short period - stock purchase or sale

3 ☐ Final return - corporation dissolved or withdrew

B Business Activity (NAICS) Code

**721197**

C State of Incorporation and Year

**TX** Enter abbreviation of state in box, or if a foreign country, enter below.

**2 0 1 2**  
C C Y Y

Check ☒ if applicable and see instructions:

E ☒ If this is a combined return. Enter number of companies included **5**

F ☒ If you have an extension of time to file. Enter extended due date 1 0 1 5 2 0 1 3  
M M D D C C Y Y

G ☐ If no business was transacted in Wisconsin during the taxable year, attach a complete copy of your federal return.

H ☐ If you have related entity expenses and are required to file Schedule RT with this return.

I ☐ If this return is for an insurance company (check only if this is not a combined return).

J ☒ If you filed a federal consolidated return, enter Parent Company's federal employer

ID number **110000002**



(Attach statement - see instructions).

K ☒ IRS adjustments became final during the year. Years adjusted **5**

IF NO ENTRY ON A LINE, LEAVE BLANK

ENTER NEGATIVE NUMBERS LIKE THIS  $\rightarrow -1000$  NOT LIKE THIS  $\rightarrow (1000)$  NO COMMAS; NO CENTS

1	If this is a combined return, enter the amount from Form 4R, line 26. If this is not a combined return, enter the amount from Form 1120, line 28.	1	<b>132751122 .00</b>
2	Additions (from Schedule V, line 13)	2	<b>2582175 .00</b>
3	Add lines 1 and 2	3	<b>135333297 .00</b>
4	Subtractions (from Schedule W, line 16)	4	<b>34186 .00</b>
5	Subtract line 4 from line 3	5	<b>135299111 .00</b>
6	Total company net nonapportionable and separately apportioned income (from Form(s) 4N, line 8)	6	<b>0 .00</b>
7	Subtract line 6 from line 5. Combined groups: This is your combined unitary income	7	<b>135299111 .00</b>
8	Wisconsin apportionment percentage. Combined group filers enter percentage from Form 4A, line 8c, except 100% Wisconsin groups enter "100.0000%." Separate entity filers enter the apportionment percentage from Form 4A-1 or Form 4A-2. If the percentage is from Form 4A-2, check ( <input checked="" type="checkbox"/> ) the space after the arrow. If 100% apportionment, check ( <input type="checkbox"/> ) the space after the arrow.	8	<b>0 5 5 . 9 8 9 5 %</b>
9	Multiply line 7 by line 8	9	<b>75753296 .00</b>
10	Wisconsin net nonapportionable and separately apportioned income (from Form(s) 4N, line 14)	10	<b>0 .00</b>
11	Add lines 9 and 10	11	<b>75753296 .00</b>
12	Combined returns only: Net capital loss adjustment (from Form(s) 4M, line N)	12	<b>0 .00</b>
13	Subtract line 12 from line 11	13	<b>75753296 .00</b>

<b>14</b>	Enter amount from line 13 .....	<b>14</b>	75753296 .00
<b>15</b>	Loss adjustment for insurance companies (from Schedule(s) 4I, line 24) .....	<b>15</b>	0 .00
<b>16</b>	Add lines 14 and 15. This is the Wisconsin income before net business loss carryforwards .....	<b>16</b>	75753296 .00
<b>17</b>	Wisconsin net business loss carryforward (from Form(s) 4M, line P for combined group filers; Form 4BL, Part I, line 30(f) for separate entity filers). Do not enter more than line 16 .....	<b>17</b>	72790990 .00
<b>18</b>	Subtract line 17 from line 16. This is Wisconsin net income or loss .....	<b>18</b>	2962306 .00
<b>19</b>	Enter 7.9% (0.079) of Wisconsin net income on line 18. This is tentative gross tax .....	<b>19</b>	234022 .00
<b>20</b>	Tax adjustment for insurance companies (from Schedule(s) 4I, line 30) .....	<b>20</b>	0 .00
<b>21</b>	Gross tax (from Forms 4M, line Q for combined group filers; separate entity filers subtract line 20 from line 19) .....	<b>21</b>	234022 .00
<b>22</b>	Nonrefundable credits (from Form(s) 4M, line R for combined group filers; Schedule CR, line 51 for separate entity filers) .....	<b>22</b>	80000 .00
<b>23</b>	Relocated business credit. If qualified, see instructions. If not qualified, enter 0. .... Check here if claimed <input type="checkbox"/>	<b>23</b>	0 .00
<b>24</b>	Subtract lines 22 and 23 from line 21. If the total of lines 22 and 23 is more than line 21, enter zero (0). This is net tax .....	<b>24</b>	154020 .00
<b>25</b>	Economic development surcharge (see instructions) .....	<b>25</b>	6961 .00
<b>26</b>	Endangered resources donation (decreases refund or increases amount owed) .... 	<b>26</b>	0 .00
<b>27</b>	Veterans trust fund donation (decreases refund or increases amount owed) .... 	<b>27</b>	0 .00
<b>28</b>	Add lines 24 through 27 .....	<b>28</b>	160981 .00
<b>29</b>	Estimated tax payments less refund from Form 4466W .	<b>29</b>	10000 .00
<b>30</b>	Wisconsin tax withheld (see instructions) .....	<b>30</b>	0 .00
<b>31</b>	Refundable credits (from Form(s) 4M, line V for combined group filers; Schedule CR, line 54 for separate entity filers) .....	<b>31</b>	150000 .00
<b>32</b>	Amended Return Only – amount previously paid .....	<b>32</b>	0 .00
<b>33</b>	Add lines 29 through 32 .....	<b>33</b>	160000 .00
<b>34</b>	Amended Return Only – amount previously refunded. . .	<b>34</b>	0 .00
<b>35</b>	Subtract line 34 from 33 .....	<b>35</b>	160000 .00
<b>36</b>	Interest, penalty, and late fee due (from Form 4U, line 17 or 26) If you annualized income of Form 4U, check (✓) the space after the arrow .....	<b>36</b>	76 .00
<b>37</b>	<b>Tax Due.</b> If the total of lines 28 and 36 is larger than 35, subtract line 35 from the total of lines 28 and 36 .....	<b>37</b>	1057 .00
<b>38</b>	<b>Overpayment.</b> If line 35 is larger than the total of lines 28 and 36, subtract the total of lines 28 and 36 from line 35 .....	<b>38</b>	.00
<b>39</b>	Enter amount from line 38 you want credited on 2013 estimated tax .....	<b>39</b>	.00
<b>40</b>	Subtract line 39 from line 38. <b>This is your refund</b> .....	<b>40</b>	.00



- 41** Enter total gross receipts from all activities (see instructions) ..... **41** 611500000 .00
- 42** Enter total assets from federal Form 1120 ..... **42** 430000000 .00
- 43** Total Wisconsin tangible property (see instructions) ..... **43** 15325000 .00
- 44** Total tangible property (see instructions) ..... **44** 400500000 .00
- 45** Total Wisconsin payroll (see instructions) ..... **45** 1434300 .00
- 46** Total payroll (see instructions) ..... **46** 109077000 .00
- 47** Total Wisconsin sales, receipts, or premiums included in apportionment ratio (see instructions) **47** 228996999 .00
- 48** Total sales, receipts, or premiums included in apportionment ratio (see instructions) ..... **48** 409000000 .00
- 49** Is the corporation (or any member of the combined group) the sole owner of any limited liability companies?  
☒ Yes ☐ No If yes, prepare and submit a list of those LLCs with this return. If this is a combined return, also identify the corporation that is the sole owner of each LLC.
- 50** Did you include the income of the LLCs listed for item 49 in this return?  
☒ Yes ☐ No
- 51** Did you (or did any member of the combined group) purchase, license, lease or rent any taxable tangible personal property, certain coins and stamps, certain leased property affixed to real estate, certain digital goods, or taxable services, for storage, use or consumption in Wisconsin without paying a state sales or use tax?  
☐ Yes ☒ No
- 52** Person to contact concerning this return: JANE OSWALD  
 Phone #: (608) 866-5309 Fax # (608) 866-6309
- 53** City and state where books and records are located for audit purposes: ROCKFORD, IL
- 54** List the locations of Wisconsin operations: APPLETON, LACROSSE, MADISON
- 55** Are any manufacturing facilities located in Wisconsin? ☐ Yes ☒ No
- 56** Did you file federal Schedule UTP – Uncertain Tax Position Statement with the Internal Revenue Service?  
☐ Yes ☒ No If yes, enclose federal Schedule UTP with your Wisconsin tax return.
- 57** Did you file federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service?  
☐ Yes ☒ No If yes, enclose federal Form 8886 with your Wisconsin tax return.

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Signature of Officer ▶	Title	Date
Preparer's Signature ▶	Preparer's Federal Employer ID Number	Date

**You must file a copy of your federal return with Form 4, even if no Wisconsin activity.**

**If this is a combined return, see the instructions for a description of federal return information that must be filed with Form 4.**

If you are not filing your return electronically, make your check payable to and mail your return to:

Wisconsin Department of Revenue  
 PO Box 8908  
 Madison WI 53708-8908



**Federal Taxable Income Reconciliation  
for Wisconsin Combined Groups**

File with Wisconsin Form 4

**2012**Wisconsin Department  
of Revenue

Read instructions before filling in this form

Designated Agent Name

HIDE N SEEK FOODS, INC.

Federal Employer ID Number

110000002

ENTER NEGATIVE NUMBERS LIKE THIS → -1000

NOT LIKE THIS → (1000)

NO COMMAS; NO CENTS

**Part I General Information and Consolidated Returns**

- 1 Check (✓) the space after the arrow to make the controlled group election for the first year the election is made. **Do not** check the space every year the election is in effect ... ☒ **Yes** ☐ **No**
- 2 Are there any corporations in the commonly controlled group that are not included in either this combined return or any federal consolidated return? ☐ **Yes** ☒ **No**
- 3 If the answer to item 2 is yes, submit a supporting schedule which identifies each corporation described in item 2 and complete lines 4 and 5.
- 4 Total federal net income of companies described in line 2 ..... **4** ..... **.00**
- 5 Total gross sales corresponding to amount on line 4 ..... **5** ..... **.00**
- 6 If any members of the combined group filed a federal consolidated return for the taxable year, enter the parent company's name, federal employer identification number (FEIN), and amount on line 28 of the consolidated federal Form 1120. If there are more than three federal consolidated returns, see instructions. If no members of the group filed a federal consolidated return, skip to line 7.
- | Parent Company Name     | FEIN      | Form 1120, line 28            |
|-------------------------|-----------|-------------------------------|
| HIDE N SEEK FOODS INC   | 110000002 | <b>6a</b> 83078698 <b>.00</b> |
|                         |           | <b>6b</b> ..... <b>.00</b>    |
|                         |           | <b>6c</b> ..... <b>.00</b>    |
| Add lines 6a through 6c |           | <b>6d</b> ..... <b>.00</b>    |

**Part II Corporations in Combined Group Which Are Not in Federal Consolidated Return**

For amounts entered on lines 7 through 9, use a separate schedule to identify each combined group member, its FEIN, and amount included on that line.

- 7 Federal taxable incomes of commonly controlled corporations with less than 80% common ownership (do not include foreign corporations) ..... **7** ..... **49273677 .00**
- 8 Federal taxable incomes of foreign corporations not included in consolidated return but includable in combined group ..... **8** ..... **.00**
- 9 Federal taxable incomes of other combined group members not included in federal consolidated return (explain on an attached statement) ..... **9** ..... **392978 .00**
- 10 Add lines 6d through 9 ..... **10** ..... **132745353 .00**



**Part III Subtotal**

<b>11</b>	Enter amount from line 10 .....	<b>11</b>	<u>132745353.00</u>
<b>12</b>	Net capital gains included on line 11 .....	<b>12</b>	<u>.00</u>
<b>13</b>	Subtract line 12 from line 11 (net capital gains will be recomputed on line 23) .....	<b>13</b>	<u>132745353.00</u>
<b>14</b>	Sum of charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions included on line 11 (enter as a positive amount) .....	<b>14</b>	<u>148769.00</u>
<b>15</b>	Add lines 13 and 14 (the deduction on line 14 will be recomputed on line 24) .....	<b>15</b>	<u>132894122.00</u>

**Part IV Corporations in Federal Consolidated Return Which Are Not Combined Group Members**

For amounts entered on lines 16, 18, and 19, use a separate schedule to identify each corporation, its FEIN, and amount included on that line. Enter the federal separate taxable incomes before net capital gains and charitable contribution deductions.

<b>16</b>	Federal separate taxable incomes of corporations in the consolidated return that are not engaged in the combined group's unitary business .....	<b>16</b>	<u>.00</u>
<b>17</b>	Were any corporations included on line 16 included in a combined return for the unitary business in another state for the taxable year where the inclusion was not by election? (If yes, explain on an attached statement.) .....	<b>17</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>18</b>	Federal separate taxable incomes of corporations in the consolidated return that are not combined group members due to the water's edge rules (do not include corporations already included on line 16) .....	<b>18</b>	<u>-13000.00</u>
<b>19</b>	Federal separate taxable incomes of other corporations in the consolidated return that are not combined group members (explain on an attached statement) ..	<b>19</b>	<u>-14000.00</u>
<b>20</b>	Add lines 16, 18, and 19 .....	<b>20</b>	<u>-27000.00</u>
<b>21</b>	Subtract line 20 from line 15 .....	<b>21</b>	<u>132921122.00</u>

**Part V Adjustments Based on Limitations in Federal Law**

See instructions for how to compute lines 22 through 24 and supporting detail required.

<b>22</b>	Adjustment to defer or recognize intercompany income, expense, gain, or loss between combined group members. ....	<b>22</b>	<u>.00</u>
<b>23</b>	Recomputed net capital gain, applying capital loss limitation at combined group level. ....	<b>23</b>	<u>.00</u>
<b>24</b>	Sum of recomputed charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions, applying limitations at combined group level (enter as a negative amount) .....	<b>24</b>	<u>-170000.00</u>
<b>25</b>	Other adjustments based on federal law (explain on an attached statement) .....	<b>25</b>	<u>.00</u>
<b>26</b>	Add lines 21 through 25. Enter this amount on Form 4, line 1 .....	<b>26</b>	<u>132751122.00</u>

**Wisconsin Additions to  
Federal Income****2012**Wisconsin Department  
of Revenue

File with Wisconsin Form 4 or 5

Read instructions before filling in this schedule

Corporation or Designated Agent Name

Federal Employer ID Number

HIDE N SEEK FOODS, INC

110000002

1	Interest income from state and municipal obligations .....	1	_____	.00
2	State taxes accrued or paid .....	2	2387175	.00
3	Related entity expenses (from Schedule RT, Part I, Sch. 2K-1, and Sch. 3K-1) .....	3	_____	.00
4	Domestic production activities deduction .....	4	_____	.00
5	Expenses related to nontaxable income .....	5	_____	.00
6	Percentage depletion .....	6	_____	.00
7	Federal section 179 expense deduction in excess of Wisconsin deduction .....	7	_____	.00
8	Federal depreciation/amortization in excess of Wisconsin depreciation/amortization (attach schedule) .....	8	_____	.00
9	Amount by which the federal basis of assets disposed of exceeds the Wisconsin basis (attach schedule) .....	9	_____	.00
10	Total additions for certain credits computed (see instructions) .....	10	180000	.00
11	Special additions for insurance companies (from Schedule 4I, line 4) .....	11	_____	.00
12	Other (list):			
a	_____			.00
b	_____			.00
c	_____			.00
d	_____			.00
e	_____			.00
f	_____			.00
g	_____			.00
h	_____			.00
	Add lines 12a through 12h .....	12	15000	.00
13	Total (enter on Form 4 or 5, page 1, line 2) .....	13	2582175	.00



**Wisconsin Subtractions From  
Federal Income****2012**Wisconsin Department  
of Revenue

File with Wisconsin Form 4 or 5

Read instructions before filling in this schedule

Corporation or Designated Agent Name

Federal Employer ID Number

HIDE N SEEK FOODS, INC

110000002

<b>1</b>	Wisconsin subtraction modification for dividends (from Sch. Y, line 4) .....	<b>1</b>	27000.00
<b>2</b>	Related entity expenses eligible for subtraction (from Schedule RT, Part II, Sch. 2K-1, and Sch. 3K-1) .....	<b>2</b>	.00
<b>3</b>	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return) .....	<b>3</b>	.00
<b>4</b>	Subpart F income .....	<b>4</b>	.00
<b>5</b>	Gross-up of foreign dividend income. ....	<b>5</b>	.00
<b>6</b>	Nontaxable income (attach schedule) .....	<b>6</b>	.00
<b>7</b>	Foreign taxes (do not include deemed taxes) .....	<b>7</b>	.00
<b>8</b>	Cost depletion .....	<b>8</b>	.00
<b>9</b>	Wisconsin depreciation/amortization in excess of federal depreciation/amortization (attach schedule) .....	<b>9</b>	750.00
<b>10</b>	Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis (attach schedule) .....	<b>10</b>	.00
<b>11</b>	Federal work opportunity credit wages .....	<b>11</b>	.00
<b>12</b>	Federal research credit expenses .....	<b>12</b>	.00
<b>13</b>	Other (list, but do not include any adjustment for nontaxable income from life insurance operations)		
<b>a</b>	Contributions .....		2436.00
<b>b</b>	.....		.00
<b>c</b>	.....		.00
<b>d</b>	.....		.00
<b>e</b>	.....		.00
<b>f</b>	.....		.00
<b>g</b>	.....		.00
<b>h</b>	.....		.00
	Add lines 13a through 13h .....	<b>13</b>	2436.00
<b>14</b>	Nontaxable income from life insurance operations (from Schedule 4I, line 13) .....	<b>14</b>	.00
<b>15</b>	Job creation deduction (from line 7 of Schedule JC) .....	<b>15</b>	4000.00
	Enter number of members from combined group claiming job creation deduction .....		0 0 0 1
<b>16</b>	Total (enter on Form 4 or 5, page 1, line 4) .....	<b>16</b>	34186.00



**Wisconsin Subtraction Modification for Dividends****2012**Wisconsin Department  
of Revenue

File with Wisconsin Form 4 or 5

Read instructions before filling in this schedule

Corporation or Designated Agent Name

HIDE N SEEK FOODS, INC.

Federal Employer ID Number

110000002

**Dividends Received**

Name of Payer Corporation The Greek Playhouse		Date Acquired by Payee 1 0 2 0 2 0 0 0 M M D D C C Y Y	
<b>1a</b>	Name of Payee Corporation Hide N Seek Foods, Inc.	Payee's Ownership of Payer (check (√) one) <input checked="" type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	<b>1a</b> 20000 .00
Name of Payer Corporation Italian Pasta Company		Date Acquired by Payee 0 9 2 5 2 0 0 1 M M D D C C Y Y	
<b>1b</b>	Name of Payee Corporation Hide N Seek Foods, Inc.	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input checked="" type="checkbox"/> > 50% but < or = 70%	<b>1b</b> 7000 .00
Name of Payer Corporation		Date Acquired by Payee M M D D C C Y Y	
<b>1c</b>	Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	<b>1c</b> .00
Name of Payer Corporation		Date Acquired by Payee M M D D C C Y Y	
<b>1d</b>	Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	<b>1d</b> .00
Name of Payer Corporation		Date Acquired by Payee M M D D C C Y Y	
<b>1e</b>	Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	<b>1e</b> .00
Name of Payer Corporation		Date Acquired by Payee M M D D C C Y Y	
<b>1f</b>	Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	<b>1f</b> .00
<b>1g</b> Add lines 1a through 1f		<b>1g</b>	27000 .00
<b>1h</b> Total of line 1g from additional Schedules Y (see instructions)		<b>1h</b>	.00
<b>2</b> Add lines 1g and 1h		<b>2</b>	27000 .00
<b>3</b> Enter foreign taxes paid on dividends included on line 2.		<b>3</b>	.00
<b>4</b> Subtract line 3 from line 2. Enter this amount on Schedule W, line 1		<b>4</b>	27000 .00



Schedule **Y****Wisconsin Subtraction Modification for  
Dividends****2012**Wisconsin Department  
of Revenue

File with Wisconsin Form 4 or 5

Read instructions before filling in this schedule

Corporation or Designated Agent Name

Federal Employer ID Number

HIDE N SEEK FOODS, INC.

110000002

**Dividends Received**

Name of Payer Corporation The Greek Playhouse		Date Acquired by Payee 1 0 2 0 2 0 0 0 M M D D C C Y Y	
1a	Name of Payee Corporation Hide N Seek Foods, Inc.	Payee's Ownership of Payer (check (√) one) <input checked="" type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1a 20000 .00
Name of Payer Corporation Italian Pasta Company		Date Acquired by Payee 0 9 2 5 2 0 0 1 M M D D C C Y Y	
1b	Name of Payee Corporation Hide N Seek Foods, Inc.	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input checked="" type="checkbox"/> > 50% but < or = 70%	1b 7000 .00
Name of Payer Corporation		Date Acquired by Payee M M D D C C Y Y	
1c	Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1c .00
Name of Payer Corporation		Date Acquired by Payee M M D D C C Y Y	
1d	Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1d .00
Name of Payer Corporation		Date Acquired by Payee M M D D C C Y Y	
1e	Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1e .00
Name of Payer Corporation		Date Acquired by Payee M M D D C C Y Y	
1f	Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1f .00

1g	Add lines 1a through 1f .....	1g 27000 .00
1h	Total of line 1g from additional Schedules Y (see instructions) .....	1h .00
2	Add lines 1g and 1h .....	2 27000 .00
3	Enter foreign taxes paid on dividends included on line 2 .....	3 .00
4	Subtract line 3 from line 2. Enter this amount on Schedule W, line 1 .....	4 27000 .00





**Underpayment of Estimated Tax by Corporations**

File with Wisconsin Form 4, 4T, 5, or 5S

**2012**Wisconsin Department  
of Revenue

Corporation or Designated Agent Name

HIDE N SEEK, INC.

Federal Employer ID Number

110000002

**Part I Computation of Underpayment and Interest Due on Underpayment**

1 a	Enter 2012 tax before the surcharge plus the economic development surcharge (see instructions) ....	161087			
b	Enter 2012 refundable credits (excluding estimated tax and surcharge paid) .....	150000			
c	Subtract line 1b from line 1a. This is 2012 net tax and surcharge. If less than \$500, enter zero and go to Part II, if applicable		11087		
2	Enter 90% of line 1c .....		9978		
3 a	Enter 2011 tax before the surcharge plus the economic development surcharge, if applicable (see instructions)	250000			
b	Enter 2011 refundable credits (excluding estimated tax and surcharge paid) .....	50000			
c	Subtract line 3b from line 3a. This is 2011 net tax and surcharge .....		200000		
4	If 2012 net income is less than \$250,000 and 2011 return covered 12 months, enter smaller of line 2 or 3c; otherwise, enter line 2				
5	Enter installment due dates (the 15th day of the 3rd, 6th, 9th, and 12th months of your taxable year) .....	(a) 3/15/12	(b) 6/15/12	(c) 9/17/12	(d) 12/17/12
6	Divide line 4 by 4 and enter the result in each column or, if you use the annualized income installment method for any period, first fill in Part III and enter the amounts from line 47 ....	2494.50	2494.50	2494.50	2494.50
7	Estimated tax and surcharge paid .....	2500.00	2500.00	2500.00	2500.00
8	If line 7 is less than line 6, subtract line 7 from line 6. This is your underpayment .....				
9	If line 7 is more than line 6, subtract line 6 from line 7. This is your overpayment .....				
10	Carryback of overpayment or late payment .....				
11	Carryforward of overpayment .....				
12	Subtract the total of lines 10 and 11 from line 8. This is your net underpayment .....				
13	Number of days from the due date of the installment to the date carryback on line 10 was paid .....				
14	Number of days from the due date of the installment to the date balance due on return was paid or unextended due date of return, whichever is earlier .....				
15	Interest: 12% per year on amount on line 10 for the number of days on line 13 .....				
16	Interest: 12% per year on amount on line 12 for the number of days on line 14 .....				
17	Add all of the amounts on lines 15 and 16 and enter the total. If your return is filed after the unextended due date and shows a tax due, enter the total on Part II, line 22. Otherwise, enter the total on the line provided on your tax return .....				0.00

**Part II Computation of Total Amount Due**

Complete this part only if your return is not filed by the unextended due date and shows a tax due.

	(a) Interest at 18% per year	(b) Interest at 12% per year	(c) Total
18	If return filed late without an extension, enter net tax (including surcharge) .....	161087	
19	If return filed with extended due date and shows –	(90%)	(10%)
a	Net tax (including surcharge) of \$500 or more, enter portion of net tax indicated ..	144978	16109
b	Net tax (including surcharge) of less than \$500, enter net tax. ....		0
20	Enter payments made (apply first to 18% per year column) .....	144978	15022
21	Subtract line 20 from line 18 or 19a or 19b. This is amount due 15th day of 3rd month after end of taxable year .....	0	1087
22	Interest on underpayment from Part I, line 17 .....	0	0
23	Add lines 21 and 22 .....	0	1087
24	Interest on amounts on line 23 to <u>10/15/2013</u> (date return filed) .....	(18% per year) 0	(12% per year)* 76
25	If your return is filed late without an extension or after the extended due date –		
a	Enter penalty of 5% of net tax due on your return for each month or fraction thereof that your return is late, but not more than 25%		0
b	Enter a \$150 late fee .....		0
26	Add lines 22, 24, 25a, and 25b. Enter the total on the line provided on your return and increase the "Amount Due" .....		76

\* Note: See the instructions for line 24.

**Wisconsin Apportionment Data for  
Combined Groups**

File with Wisconsin Form 4

**2012**Wisconsin Department  
of Revenue

Read instructions before filling in this form

Designated Agent Name

HIDE N SEEK FOODS, INC.

Federal Employer ID Number

110000002

**Part I Apportionment Factor Denominators**

(a) Company Name (abbreviate as necessary)	(b) FEIN	(c) Denominator (From column (b) of Form 4A-1 or Part II of Form 4A-2)
1 HIDE N SEEK FOODS, INC.	110000002	1a 250000000
2 THE GREEK PLAYHOUSE	110000012	2a 25000000
3 ACME FOODS CORP	110000013	3a 800000
4 ITALIAN PASTA COMPANY	110000125	4a 132000000
5 WISCONSIN TELECOM CO	110000124	5a 1200000
6		6a
7 Total denominators from additional companies reported on separate schedules. ....		7a
8 Add lines 1a through 7a in column (c). This is the combined group's apportionment factor denominator .....		8a 409000000

**Part II Apportionment Factor Numerators and Members' Percentages**

(a) Company Number (Corresponds to numbers 1 through 6 in Part I)	(b) Numerator (From column (a) of Form 4A-1 or Part II of Form 4A-2)	(c) Member's Wisconsin Percentage of Combined Unitary Income (Divide amount in column (b) by amount on Part I, line 8a)
1 .....	1b 190500000	1c 0 4 6 . 5 7 7 0 %
2 .....	2b 21000000	2c 0 0 5 . 1 3 4 5 %
3 .....	3b 450000	3c 0 0 0 . 1 1 0 0 %
4 .....	4b 17027000	4c 0 0 4 . 1 6 3 1 %
5 .....	5b 19999	5c 0 0 0 . 0 0 4 9 %
6 .....	6b	6c . %
7 Total from additional companies reported on separate schedules .....		7c . %

**Part III Combined Group's Wisconsin Apportionment Percentage**

8 Add lines 1c through 7c in Part II, column c.

This is the apportionment percentage to enter on Form 4, line 8. .... 8c 0 5 5 . 9 8 9 5 %

**Wisconsin Apportionment Data for  
Single Factor Formulas**

File with Wisconsin Form 1NPR, 2, 3, 4, 4T, or 5S

**2012**Wisconsin Department  
of Revenue*Read instructions before filling in this form*

Name

HIDE N SEEK FOODS, INC.

Identifying Number

110000002

**Part I Sales Factor** (Note: If Part I applies, you only need to complete page 1 of this form)

(a) Wisconsin

(b) Total Company

- 1**
- Sales of tangible personal property delivered or shipped to
- 
- Wisconsin purchasers:

**a** Shipped from outside Wisconsin ..... **1a** \_\_\_\_\_**b** Shipped from within Wisconsin ..... **1b** 200000000

- 2**
- Sales of tangible personal property shipped from
- 
- Wisconsin to:

**a** The federal government within Wisconsin ..... **2a** \_\_\_\_\_**b** The federal government in a state where the  
taxpayer would not be taxable under P.L. 86-272. .... **2b** \_\_\_\_\_**c** Purchasers in a state where the taxpayer would not be  
taxable under P.L. 86-272. .... **2c** 500000**3** Double throwback sales. .... **3** \_\_\_\_\_**4** Total sales of tangible personal property (for column (a), add  
lines 1 through 3) ..... **4** 200500000 300000000**5** Gross receipts from the use of computer software if the  
purchaser or licensee used the software in Wisconsin ..... **5** \_\_\_\_\_**6** Total gross receipts from the use of computer software ..... **6** \_\_\_\_\_**7** Gross receipts from services provided to a purchaser who  
received the benefit of the service in Wisconsin ..... **7** \_\_\_\_\_**8** Total gross receipts from services. .... **8** \_\_\_\_\_**9** Other apportionable gross receipts. .... **9** \_\_\_\_\_**10** For column a, add lines 4, 5, 7 and 9. For column (b), add  
lines 4, 6, 8, and 9. .... **10** 200500000 300000000*Separate return filers and pass-through entities skip to line 17.***11** Enter sales included above, if any, that are  
intercompany sales between combined group members .... **11** 10000000 50000000**12** Enter sales included above, if any, that are **not** included  
in the computation of combined unitary income ..... **12** \_\_\_\_\_**13** Add lines 11 and 12 for each column ..... **13** 10000000 50000000**14** Subtract line 13 from line 10 for each column. .... **14** 190500000 250000000**15** Enter intercompany sales previously excluded from the sales  
factor due to the deferral of income, if the deferred income is  
included in combined unitary income on this return ..... **15** \_\_\_\_\_**16** Add lines 14 and 15. Enter column (a) amount in Form 4A,  
Part II. Enter column (b) amount in Form 4A, Part I ..... **16** 190500000 250000000**17** **Separate return filers and pass-through entities:** Divide  
line 10, column (a) by line 10, column (b), and multiply by 100.  
This is the Wisconsin apportionment percentage. .... **17** \_\_\_\_\_ %

**Wisconsin Apportionment Data for  
Single Factor Formulas**

File with Wisconsin Form 1NPR, 2, 3, 4, 4T, or 5S

**2012**Wisconsin Department  
of Revenue*Read instructions before filling in this form*

Name <b>THE GREEK PLAYHOUSE</b>	Identifying Number <b>110000012</b>
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**Part I Sales Factor** (Note: If Part I applies, you only need to complete page 1 of this form)

	(a) Wisconsin	(b) Total Company
<b>1</b> Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
<b>a</b> Shipped from outside Wisconsin	<b>1a</b> 15000000	
<b>b</b> Shipped from within Wisconsin	<b>1b</b> 6000000	
<b>2</b> Sales of tangible personal property shipped from Wisconsin to:		
<b>a</b> The federal government within Wisconsin	<b>2a</b>	
<b>b</b> The federal government in a state where the taxpayer would not be taxable under P.L. 86-272.	<b>2b</b>	
<b>c</b> Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272.	<b>2c</b>	
<b>3</b> Double throwback sales.	<b>3</b>	
<b>4</b> Total sales of tangible personal property (for column (a), add lines 1 through 3)	<b>4</b> 21000000	25000000
<b>5</b> Gross receipts from the use of computer software if the purchaser or licensee used the software in Wisconsin	<b>5</b>	
<b>6</b> Total gross receipts from the use of computer software	<b>6</b>	
<b>7</b> Gross receipts from services provided to a purchaser who received the benefit of the service in Wisconsin	<b>7</b>	
<b>8</b> Total gross receipts from services.	<b>8</b>	
<b>9</b> Other apportionable gross receipts.	<b>9</b>	
<b>10</b> For column a, add lines 4, 5, 7 and 9. For column (b), add lines 4, 6, 8, and 9.	<b>10</b> 21000000	25000000
<i>Separate return filers and pass-through entities skip to line 17.</i>		
<b>11</b> Enter sales included above, if any, that are intercompany sales between combined group members	<b>11</b>	
<b>12</b> Enter sales included above, if any, that are <b>not</b> included in the computation of combined unitary income	<b>12</b>	
<b>13</b> Add lines 11 and 12 for each column	<b>13</b>	
<b>14</b> Subtract line 13 from line 10 for each column.	<b>14</b> 21000000	25000000
<b>15</b> Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return	<b>15</b>	
<b>16</b> Add lines 14 and 15. Enter column (a) amount in Form 4A, Part II. Enter column (b) amount in Form 4A, Part I	<b>16</b> 21000000	25000000
<b>17</b> <b>Separate return filers and pass-through entities:</b> Divide line 10, column (a) by line 10, column (b), and multiply by 100. This is the Wisconsin apportionment percentage.	<b>17</b>	%

**Wisconsin Apportionment Data for  
Single Factor Formulas**

File with Wisconsin Form 1NPR, 2, 3, 4, 4T, or 5S

**2012**Wisconsin Department  
of Revenue*Read instructions before filling in this form*

Name

ACME FOODS CORP

Identifying Number

110000013

**Part I Sales Factor** (Note: If Part I applies, you only need to complete page 1 of this form)

(a) Wisconsin

(b) Total Company

1 Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
a Shipped from outside Wisconsin .....	1a	170000
b Shipped from within Wisconsin .....	1b	200000
2 Sales of tangible personal property shipped from Wisconsin to:		
a The federal government within Wisconsin .....	2a	50000
b The federal government in a state where the taxpayer would not be taxable under P.L. 86-272. ....	2b	
c Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272. ....	2c	
3 Double throwback sales. ....	3	17000
4 Total sales of tangible personal property (for column (a), add lines 1 through 3) .....	4	437000
5 Gross receipts from the use of computer software if the purchaser or licensee used the software in Wisconsin .....	5	
6 Total gross receipts from the use of computer software .....	6	
7 Gross receipts from services provided to a purchaser who received the benefit of the service in Wisconsin .....	7	
8 Total gross receipts from services. ....	8	
9 Other apportionable gross receipts. ....	9	0
10 For column a, add lines 4, 5, 7 and 9. For column (b), add lines 4, 6, 8, and 9. ....	10	437000
600000		
700000		
100000		
437000		
13000		
450000		
800000		
17 Separate return filers and pass-through entities: Divide line 10, column (a) by line 10, column (b), and multiply by 100. This is the Wisconsin apportionment percentage. ....		
_____ %		

*Separate return filers and pass-through entities skip to line 17.*

11 Enter sales included above, if any, that are intercompany sales between combined group members ....	11	
12 Enter sales included above, if any, that are <b>not</b> included in the computation of combined unitary income .....	12	
13 Add lines 11 and 12 for each column .....	13	
14 Subtract line 13 from line 10 for each column. ....	14	437000
15 Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return .....	15	13000
16 Add lines 14 and 15. Enter column (a) amount in Form 4A, Part II. Enter column (b) amount in Form 4A, Part I .....	16	450000
17 <b>Separate return filers and pass-through entities:</b> Divide line 10, column (a) by line 10, column (b), and multiply by 100. This is the Wisconsin apportionment percentage. ....	17	



**Wisconsin Apportionment Data for  
Single Factor Formulas**

File with Wisconsin Form 1NPR, 2, 3, 4, 4T, or 5S

**2012**Wisconsin Department  
of Revenue*Read instructions before filling in this form*

Name <b>ITALIAN PASTA COMPANY</b>	Identifying Number <b>110000125</b>
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**Part I Sales Factor** (Note: If Part I applies, you only need to complete page 1 of this form)

	(a) Wisconsin	(b) Total Company
1 Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
a Shipped from outside Wisconsin . . . . . 1a	<u>17000000</u>	
b Shipped from within Wisconsin. . . . . 1b	<u></u>	
2 Sales of tangible personal property shipped from Wisconsin to:		
a The federal government within Wisconsin . . . . . 2a	<u></u>	
b The federal government in a state where the taxpayer would not be taxable under P.L. 86-272. . . . . 2b	<u></u>	
c Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272. . . . . 2c	<u></u>	
3 Double throwback sales. . . . . 3	<u></u>	
4 Total sales of tangible personal property (for column (a), add lines 1 through 3) . . . . . 4	<u>17000000</u>	<u>130000000</u>
5 Gross receipts from the use of computer software if the purchaser or licensee used the software in Wisconsin. . . . . 5	<u></u>	
6 Total gross receipts from the use of computer software . . . . . 6	<u></u>	<u></u>
7 Gross receipts from services provided to a purchaser who received the benefit of the service in Wisconsin. . . . . 7	<u></u>	
8 Total gross receipts from services. . . . . 8	<u></u>	<u></u>
9 Other apportionable gross receipts. . . . . 9	<u>27000</u>	<u>2000000</u>
10 For column a, add lines 4, 5, 7 and 9. For column (b), add lines 4, 6, 8, and 9. . . . . 10	<u>17027000</u>	<u>132000000</u>
<i>Separate return filers and pass-through entities skip to line 17.</i>		
11 Enter sales included above, if any, that are intercompany sales between combined group members . . . . 11	<u></u>	<u></u>
12 Enter sales included above, if any, that are <b>not</b> included in the computation of combined unitary income . . . . . 12	<u></u>	<u></u>
13 Add lines 11 and 12 for each column . . . . . 13	<u></u>	<u></u>
14 Subtract line 13 from line 10 for each column. . . . . 14	<u>17027000</u>	<u>132000000</u>
15 Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return . . . . . 15	<u></u>	<u></u>
16 Add lines 14 and 15. Enter column (a) amount in Form 4A, Part II. Enter column (b) amount in Form 4A, Part I . . . . . 16	<u>17027000</u>	<u>132000000</u>
17 <b>Separate return filers and pass-through entities:</b> Divide line 10, column (a) by line 10, column (b), and multiply by 100. This is the Wisconsin apportionment percentage. . . . . 17	<u>          </u> %	

**Wisconsin Apportionment Data for  
Multiple Factor Formulas**

File with Wisconsin Form 1NPR, 2, 3, 4, 4T, or 5S

**2012**Wisconsin Department  
of Revenue*Read instructions before filling in this form*

Name

WISCONSIN TELECOM CO

Identifying Number

110000124

**Part I Apportionment Percentage for Companies in Specialized Industries**

Air carriers complete Part I-A, motor carriers complete Part I-B, railroads and sleeping car companies complete Part I-C, pipeline companies complete Part I-D, and telecommunications companies complete Part I-E.

**Notes for combined return filers:**

- You must exclude intercompany transactions from both column (a) and column (b).
- You must exclude from both column (a) and column (b) any amounts that do not relate to receipts included in the computation of combined unitary income.
- If any intercompany transactions were previously excluded from apportionment factors due to the deferral of income, you must include those transactions in the apportionment factors if the deferred income is included in combined unitary income on this return.
- You must complete Part II on page 6.

**Part I-A Apportionment Percentage for Interstate Air Carriers**

(See section Tax 2.46, Wis. Adm. Code)

		(a) Wisconsin	(b) Total Company
1 Aircraft arrivals and departures . . . . .	1		
2 Divide line 1, column (a), by line 1, column (b), and multiply by 100 . . . . .	2	_____ %	
3 Factor weight . . . . .	3	0.3333	
4 Multiply line 2 by line 3. This is the Wisconsin arrivals and departures factor . . . . .	4	_____ %	
5 Revenue tons . . . . .	5		
6 Divide line 5, column (a), by line 5, column (b), and multiply by 100 . . . . .	6	_____ %	
7 Factor weight . . . . .	7	0.3333	
8 Multiply line 6 by line 7. This is the Wisconsin revenue tons factor . . . . .	8	_____ %	
9 Originating revenue . . . . .	9		
10 Divide line 9, column (a), by line 9, column (b), and multiply by 100 . . . . .	10	_____ %	
11 Factor weight . . . . .	11	0.3333	
12 Multiply line 10 by line 11. This is the Wisconsin originating revenue factor . . . . .	12	_____ %	
13 Add lines 4, 8, and 12. This is the Wisconsin percentage . . . . .	13	_____ %	

**Combined return filers:** Continue to Part II on page 6.

**Part I-B Apportionment Percentage for Interstate Motor Carriers**

(See section Tax 2.47, Wis. Adm. Code)

		(a) Wisconsin	(b) Total Company
1	Gross receipts from carriage of persons and property	1	_____
2	Divide line 1, column (a), by line 1, column (b), and multiply by 100. ....	2	_____ %
3	Factor weight. ....	3	0.5
4	Multiply line 2 by line 3. This is the Wisconsin <b>gross receipts factor</b> ....	4	_____ %
5	Ton miles of carriage. ....	5	_____
6	Divide line 5, column (a), by line 5, column (b), and multiply by 100. ....	6	_____ %
7	Factor weight. ....	7	0.5
8	Multiply line 6 by line 7. This is the Wisconsin <b>ton miles factor</b> ....	8	_____ %
9	Add lines 4 and 8. This is the Wisconsin percentage. ....	9	_____ %

**Combined return filers:** Continue to Part II on page 6.**Part I-C Apportionment Percentage for Interstate Railroads and Sleeping Car Companies**

(See section Tax 2.475, Wis. Adm. Code)

		(a) Wisconsin	(b) Total Company
1	Gross receipts from carriage of persons and property	1	_____
2	Divide line 1, column (a), by line 1, column (b), and multiply by 100. ....	2	_____ %
3	Factor weight. ....	3	0.5
4	Multiply line 2 by line 3. This is the Wisconsin <b>gross receipts factor</b> ....	4	_____ %
5	Revenue ton miles of carriage. ....	5	_____
6	Divide line 5, column (a), by line 5, column (b), and multiply by 100. ....	6	_____ %
7	Factor weight. ....	7	0.5
8	Multiply line 6 by line 7. This is the Wisconsin <b>revenue ton miles factor</b> ....	8	_____ %
9	Add lines 4 and 8. This is the Wisconsin percentage. ....	9	_____ %

**Combined return filers:** Continue to Part II on page 6.

**Part I-D Apportionment Percentage for Interstate Pipeline Companies**  
(See section Tax 2.48, Wis. Adm. Code)

**Property Factor**

		(a) Wisconsin		(b) Total Company	
		(i) Beginning of Year	(ii) End of Year	(i) Beginning of Year	(ii) End of Year
1	Land .....	1			
2	Buildings .....	2			
3	Furniture and fixtures .....	3			
4	Transportation equipment .....	4			
5	Machinery and other equipment .....	5			
6	Depletable property .....	6			
7	Leasehold improvements .....	7			
8	Inventories .....	8			
9	Other (specify) .....	9			
10	Add lines 1 through 9 .....	10			

		(a) Wisconsin	(b) Total Company
11	Separately for Wisconsin and the total company, add the amounts from line 10, columns (i) and (ii), and divide each total by 2. This is the total property .....	11	
12	Divide line 11, column (a), by line 11, column (b), and multiply by 100 .....	12	%
13	Factor weight .....	13	0.3333
14	Multiply line 12 by line 13. This is the Wisconsin property factor .....	14	%

**Payroll Factor**

		(a) Wisconsin	(b) Total Company
15	Wages, salaries, and other compensation paid to employees .....	15	
16	Fees paid to affiliated corporations for personal services .....	16	
17	Add lines 15 and 16. This is the total payroll .....	17	
18	Divide line 17, column (a), by line 17, column (b), and multiply by 100 .....	18	%
19	Factor weight .....	19	0.3333
20	Multiply line 18 by line 19. This is the Wisconsin payroll factor .....	20	%

**Traffic Units Factor**

		(a) Wisconsin	(b) Total Company
21	Traffic units .....	21	
22	Divide line 21, column (a), by line 21, column (b), and multiply by 100 .....	22	_____ %
23	Factor weight .....	23	0.3333
24	Multiply line 22 by line 23. This is the Wisconsin <b>traffic units factor</b> .....	24	_____ %
25	Add lines 14, 20, and 24. This is the Wisconsin percentage .....	25	_____ %

**Combined return filers:** Continue to Part II on page 6.

**Part I-E Apportionment Percentage for Interstate Telecommunications Companies**  
(See section Tax 2.502, Wis. Adm. Code)

**Property Factor**

		(a) Wisconsin		(b) Total Company	
		(i) Beginning of Year	(ii) End of Year	(i) Beginning of Year	(ii) End of Year
1	Land .....	1	5000	5000	200000
2	Buildings .....	2	6000	7000	100000
3	Furniture and fixtures .....	3	8000	10000	200000
4	Transportation equipment .....	4	7000	14000	100000
5	Machinery and other equipment .....	5	10000	12000	200000
6	Inventories .....	6	2000	7000	200000
7	Other (specify) .....	7	1000	6000	100000
8	Add lines 1 through 7 .....	8	39000	61000	1100000

		(a) Wisconsin	(b) Total Company
9	Separately for Wisconsin and the total company, add the amounts from line 8, columns (i) and (ii), and divide each total by 2. This is the average owned property .....	9	50000 1150000
10	Rentals paid multiplied by 8. ....	10	0 200000
11	Add lines 9 and 10. This is the total property. ....	11	50000 1350000
12	Divide line 11, column (a), by line 11, column (b), and multiply by 100. ....	12	0 0 3 . 7 0 3 7 %
13	Factor weight. ....	13	0.3333
14	Multiply line 12 by line 13. This is the Wisconsin <b>property factor</b> .....	14	0 0 1 . 2 3 4 4 %



**Payroll Factor**

		(a) Wisconsin	(b) Total Company
<b>15</b> Wages, salaries, and other compensation paid to employees .....	<b>15</b>	17000	4733000
<b>16</b> Fees paid to affiliated corporations for personal services .....	<b>16</b>	0	0
<b>17</b> Add lines 15 and 16. This is the total payroll .....	<b>17</b>	17000	4733000
<b>18</b> Divide line 17, column (a), by line 17, column (b), and multiply by 100 .....	<b>18</b>	0 0 0 . 3 5 9 2 %	
<b>19</b> Factor weight .....	<b>19</b>	0.3333	
<b>20</b> Multiply line 18 by line 19. This is the Wisconsin payroll factor .....	<b>20</b>	0 0 0 . 1 1 9 7 %	

**Sales Factor**

		(a) Wisconsin	(b) Total Company
<b>21</b> Sales of tangible personal property delivered or shipped to Wisconsin purchasers:			
<b>a</b> Shipped from outside Wisconsin .....	<b>21a</b>		
<b>b</b> Shipped from within Wisconsin .....	<b>21b</b>	15000	
<b>22</b> Sales of tangible personal property shipped from Wisconsin to:			
<b>a</b> The federal government within Wisconsin .....	<b>22a</b>		
<b>b</b> The federal government in a state where the taxpayer would not be taxable under P.L. 86-272. . .	<b>22b</b>		
<b>c</b> Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272. ....	<b>22c</b>		
<b>23</b> Double throwback sales. Total .....	<b>23</b>		
<b>24</b> Total sales of tangible personal property (for column (a), add lines 21 through 23) .....	<b>24</b>	15000	1599500
<b>25</b> Other apportionable gross receipts. ....	<b>25</b>	0	0
<b>26</b> Add lines 24 and 25 for each column. This is the total sales .....	<b>26</b>	15000	1599500
<b>27</b> Divide line 26, column (a), by line 26, column (b), and multiply by 100 .....	<b>27</b>	0 0 0 . 9 3 7 8 %	
<b>28</b> Factor weight .....	<b>28</b>	0.3333	
<b>29</b> Multiply line 27 by line 28. This is the Wisconsin sales factor .....	<b>29</b>	0 0 0 . 3 1 2 6 %	
<b>30</b> Add lines 14, 20, and 29. This is the Wisconsin percentage .....	<b>30</b>	0 0 1 . 6 6 6 6 %	

**Combined return filers:** Continue to Part II on page 6.

**Part II Conversion to Modified Sales Factor for Combined Return Filers**

<b>1</b> Computation of total company sales:	
a Gross receipts from the sale of inventory .....	<b>1a</b> <u>1200000</u>
b Gross receipts from the operation of farms, mines, and quarries .....	<b>1b</b> _____
c Gross receipts from the sale of scrap or by-products .....	<b>1c</b> _____
d Gross commissions .....	<b>1d</b> _____
e Gross receipts from personal and other services .....	<b>1e</b> _____
f Gross rents from real property or tangible personal property .....	<b>1f</b> _____
g Interest on trade accounts and trade notes receivable .....	<b>1g</b> _____
h Partner's share of partnership's gross receipts .....	<b>1h</b> _____
i Member's share of limited liability company's gross receipts .....	<b>1i</b> _____
j Gross management fees .....	<b>1j</b> _____
k Gross royalties from income-producing activities .....	<b>1k</b> _____
l Gross franchise fees from income-producing activities .....	<b>1l</b> _____
<b>2</b> Add lines 1a through 1l. ....	<b>2</b> <u>1200000</u>
<b>3</b> Enter sales included above, if any, that are intercompany sales between combined group members. ....	<b>3</b> _____
<b>4</b> Enter sales included above, if any, that are <b>not</b> included in the computation of combined unitary income .....	<b>4</b> _____
<b>5</b> Add lines 3 and 4 .....	<b>5</b> _____
<b>6</b> Subtract line 5 from line 2. ....	<b>6</b> <u>1200000</u>
<b>7</b> Enter intercompany sales previously eliminated from the amounts in Part II if the gain or loss on the transaction was deferred and recognized in combined unitary income on this return .....	<b>7</b> _____
<b>8</b> Add lines 6 and 7. This is the modified sales factor denominator. Enter this amount on Form 4A, Part I. ....	<b>8</b> <u>1200000</u>
<b>9</b> Enter the Wisconsin apportionment percentage from the last line of Part I-A, I-B, I-C, I-D, or I-E, whichever applies. ....	<b>9</b> <u>001.6666 %</u>
<b>10</b> Multiply line 8 by line 9. This is the modified sales factor numerator. Enter this amount on Form 4A, Part II. ....	<b>10</b> <u>19999</u>

Form **4M****Wisconsin Combined Group  
Member - Level Data****2012**Wisconsin Department  
of Revenue

File with Wisconsin Form 4

Designated Agent of Combined Group <b>HIDE N SEEK FOODS, INC.</b>			A Designated Agent's FEIN <b>110000002</b>		
Name of Combined Group Member to Which This Form Applies <b>HIDE N SEEK FOODS, INC.</b>			B Member's FEIN <b>110000002</b>		
Number and Street <b>32 ANY STREET</b>		Suite Number	C Business Activity (NAICS) Code <b>72117</b>		
City <b>ANYTOWN</b>	State <b>TX</b>	ZIP (+ 4 digit suffix if known) <b>77287</b>	D State of Incorporation <b>TX</b>		and Year <b>2 0 1 2</b> C C Y Y
E Member's Taxable Year End <b>1 2 3 1</b> M M D D		F Period Included in This Return <b>0 1 0 1 2 0 1 2 - 1 2 3 1 2 0 1 2</b> M M D D C C Y Y M M D D C C Y Y			

- G ☐ Check (✓) if this member was excluded from a combined group in another state because it was not considered engaged in a unitary business. If checked, identify the applicable state(s) and explain on an attached statement.
- H ☐ Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.
- I ☐ Check (✓) if for the period included in this return, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return. Enter the FEIN of the return under which those items were reported: \_\_\_\_\_
- J ☐ Check (✓) if the member is a(n): 1 ☐ Insurance company 2 ☐ Tax exempt corporation
- K1 ☐ Check (✓) if applicable:
- 1 ☐ First return - new corporation or entering Wisconsin 3 ☐ Joined group during year 5 ☐ Short period - change in accounting method
- 2 ☐ Final return - corporation dissolved or withdrew 4 ☐ Left group during year 6 ☐ Short period - stock purchase or sale
- K2 Did you file federal Schedule UTP - Uncertain Tax Position Statement with the IRS? ☐ Yes ☐ No
- Did you file federal Form 8886 - Reportable Transaction Disclosure Statement with the IRS? ☐ Yes ☐ No
- If yes to either, enclose federal Schedule UTP and/or Form 8886 with your Wisconsin tax return.

**ENTER NEGATIVE NUMBERS LIKE THIS → -1000****NOT LIKE THIS → (1000)****NO COMMAS; NO CENTS****Part I Member's Share of Form 4 Items**

- L1 Line 9: Combined unitary income (= Form 4, line 7 x member's percentage from Form 4A, Part II.  
If this is a 100% Wisconsin group, see instructions and complete line L2 if applicable.) ..... L1 **63018267.00**
- L2 100% Wisconsin groups: Adjustment for current year loss offset (see instructions) ..... L2 **.00**
- M Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14) M **.00**
- N Line 12: Net capital loss adjustment (from Form 4CL, Part I, line 9e) ..... N **.00**
- O Line 14: Loss adjustment for insurance companies (from Schedule 4I, line 24) ..... O **.00**
- P Line 17: Wisconsin net business loss carryforward (from Part II, line 18 on page 2 of this form) .... P **63018267.00**
- Q Line 21: Gross tax (generally = 7.9% x (lines L1 + L2 + M - N - P). See instructions.) ..... Q **.00**
- R Line 22: Nonrefundable credits (from Part III, line 5 on page 2 of this form) ..... R **.00**
- S Line 24: Economic development surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.) ..... S **25.00**
- T Line 28: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2. .... T ☐
- U Line 29: Wisconsin tax withheld (see instructions) ..... U **.00**
- V Line 30: Refundable credits- { For each credit, enter code from instructions and amount.  
Enter total refundable credits on line V.  
**60 150,000 .00** ..... V **150000.00**
- W Line 43: Total company gross receipts from all activities (see instructions) ..... W **280000000.00**
- X Line 44: Total company assets from federal Form 1120 ..... X **17000000.00**
- Y Lines 45 and 47: Wisconsin tangible property Y1 **4000000.00** Wisconsin payroll Y2 **1200000.00**
- Z Line 50: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I) ..... Z **250000000.00**

Name of Combined Group Member

HIDE N SEEK FOODS, INC.

Member's FEIN

110000002

**Part II Wisconsin Net Business Loss Carryforward** (See instructions)

1 Member's portion of combined unitary income from Part I, line L1 plus line L2	1	63018267.00
2 Member's net nonapportionable and separately apportioned income from Part I, line M	2	.00
3 Add lines 1 and 2	3	63018267.00
4 Member's net capital loss adjustment from Part I, line N (enter as a positive amount)	4	.00
5 Subtract line 4 from line 3	5	63018267.00
6 Member's net business loss carryforward from Form 4BL, Part II, line 30, column (i) (Nonshareable) or the amount this member elected to use this period	6	198949650.00
7 Enter the lesser of line 5 or line 6, but not less than zero	7	63018267.00
8 Subtract line 7 from line 5	8	.00
9 Member's net business loss carryforward from Form 4BL, Part II, line 30, column (j) (Shareable) or the amount this member elected to use this period	9	69576000.00
10 Enter the lesser of line 8 or line 9, but not less than zero	10	.00
11 Subtract line 10 from line 9. This is your remaining Shareable net business loss carryforward	11	69576000.00
12 Subtract lines 7 and 10 from line 5. This is your remaining income before sharing with other members	12	.00
13 Shareable net business loss carryforward amount being shared with other members	13	.00
14 Shareable net business loss carryforward amount being shared with this member	14	.00
15 Subtract line 14 from line 12. This is your remaining income before sharing pre-2009 shareable net business loss carryforwards	15	.00
16 Pre-2009 shareable net business loss carryforward being shared with other members	16	7000000.00
17 Pre-2009 shareable net business loss carryforward being shared with this member	17	.00
18 Member's net business loss. Add lines 7, 10, 14, and 17. Enter this amount on Part I, line P	18	63018290.00

**Part III Nonrefundable Credits**

1 Summary of available nonrefundable credits from credit schedules { For each credit, enter code from instructions and amount.  
Enter total nonrefundable credits on line 1.

_____ .00	_____ .00	_____ .00	
_____ .00	_____ .00	_____ .00	1 .00

2 Enter the member's gross tax from Part I, line Q

3 Enter the lesser of line 1 or line 2 (see instructions for exception). This is the credit used by the member

4 If line 2 is less than line 1 and the remaining credit includes a research credit, enter the amount shared with other combined group members as computed on Form 4CS.

5 Add lines 3 and 4. This is the amount to enter on Part I, line R

**Part IV Member-Level Payment Data**

Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.

1 Enter the amount of the member's overpayment from previously filed returns to be applied

2 *Estimated payments* - Enter date and amount of each payment made on a separate entity basis

___/___/___ \$ _____	___/___/___ \$ _____	___/___/___ \$ _____	
___/___/___ \$ _____	___/___/___ \$ _____	Total	2 .00

3 Add lines 1 and 2. This is the total amount of credit from this member's account to be included on Form 4, line 29



(see instructions)

**Part II - Combined Group Members**

Starting with column (a), complete all applicable lines for one column before filling in the next column.	Loss			Loss Used/Expired			Remaining Loss Available					
	(a) Year	(b) Income	(c) Non-shareable	(d) Shareable	(e) Pre-2009 Shareable	(f) Non-shareable	(g) Shareable	(h) Pre-2009 Shareable	(i) Non-shareable	(j) Shareable	(k) Pre-2009 Shareable	
1 30th preceding taxable year					Skip this column. It is reserved for future use.			Skip this column. It is reserved for future use.			Skip this column. It is reserved for future use.	
2 29th preceding taxable year												
3 28th preceding taxable year												
4 27th preceding taxable year												
5 26th preceding taxable year												
6 25th preceding taxable year												
7 24th preceding taxable year												
8 23rd preceding taxable year												
9 22nd preceding taxable year												
10 21st preceding taxable year												
11 20th preceding taxable year					Skip this column. It is reserved for future use.			Skip this column. It is reserved for future use.			Skip this column. It is reserved for future use.	
12 19th preceding taxable year	1993	7500800				-7500800			0	0		
13 18th preceding taxable year	1994		69970800						69970800			
14 17th preceding taxable year	1995		28376000						98346800			
15 16th preceding taxable year	1996	95187150				-95187150			3159650			
16 15th preceding taxable year	1997		41762000						44921650			
17 14th preceding taxable year	1998		46992000						91913650			
18 13th preceding taxable year	1999		47764000						139677650			
19 12th preceding taxable year	2000		68300000						207977650			
20 11th preceding taxable year	2001		53250000						261227650			
21 10th preceding taxable year	2002		24875000				286102650					
22 9th preceding taxable year	2003		31869000				317971650					
23 8th preceding taxable year	2004	22647000				-22647000			295324650			
24 7th preceding taxable year	2005		69171000						364495650			
25 6th preceding taxable year	2006	34706000				-34706000			329789650			
26 5th preceding taxable year	2007	47837000				-47837000			281952650			
27 4th preceding taxable year	2008	7591000				-7591000			274361650			
28 3rd preceding taxable year	2009	57882000				-57882000			216479650			
29 2nd preceding taxable year	2010	67530000				-67530000			148949650			
30 1st preceding taxable year	2011			69576000					148949650	69576000		



**Wisconsin Combined Group  
Member - Level Data****2012**Wisconsin Department  
of Revenue

File with Wisconsin Form 4

Designated Agent of Combined Group <b>HIDE N SEEK FOODS, INC.</b>			A Designated Agent's FEIN <b>110000002</b>		
Name of Combined Group Member to Which This Form Applies <b>THE GREEK PLAYHOUSE</b>			B Member's FEIN <b>110000012</b>		
Number and Street <b>2700 ELMO STREET</b>			Suite Number		C Business Activity (NAICS) Code <b>871199</b>
City <b>MONROE</b>		State <b>IL</b>	ZIP (+ 4 digit suffix if known) <b>61027</b>		D State of Incorporation and Year <b>IL</b> Enter abbreviation of state in box, or if a foreign country, enter below. <b>2 0 0 1</b> C C Y Y
E Member's Taxable Year End <b>M M D D</b>		F Period Included in This Return <b>0 1 0 1 2 0 1 2 - 1 2 3 1 2 0 1 2</b> M M D D C C Y Y M M D D C C Y Y			

- G ☐ Check (✓) if this member was excluded from a combined group in another state because it was not considered engaged in a unitary business. If checked, identify the applicable state(s) and explain on an attached statement.
- H ☐ Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.
- I ☐ Check (✓) if for the period included in this return, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return. Enter the FEIN of the return under which those items were reported: \_\_\_\_\_
- J Check (✓) if the member is a(n): 1 ☐ Insurance company 2 ☐ Tax exempt corporation
- K1 Check (✓) if applicable:
- 1 ☐ First return - new corporation or entering Wisconsin 3 ☐ Joined group during year 5 ☐ Short period - change in accounting method
- 2 ☐ Final return - corporation dissolved or withdrew 4 ☐ Left group during year 6 ☐ Short period - stock purchase or sale
- K2 Did you file federal Schedule UTP - Uncertain Tax Position Statement with the IRS? ☐ Yes ☐ No
- Did you file federal Form 8886 - Reportable Transaction Disclosure Statement with the IRS? ☐ Yes ☐ No
- If yes to either, enclose federal Schedule UTP and/or Form 8886 with your Wisconsin tax return.

**ENTER NEGATIVE NUMBERS LIKE THIS → -1000****NOT LIKE THIS → (1000)****NO COMMAS; NO CENTS****Part I Member's Share of Form 4 Items**

L1	Line 9: Combined unitary income (= Form 4, line 7 x member's percentage from Form 4A, Part II. If this is a 100% Wisconsin group, see instructions and complete line L2 if applicable.)	L1	<b>6946933 .00</b>
L2	100% Wisconsin groups: Adjustment for current year loss offset (see instructions)	L2	<b>.00</b>
M	Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14)	M	<b>.00</b>
N	Line 12: Net capital loss adjustment (from Form 4CL, Part I, line 9e)	N	<b>.00</b>
O	Line 14: Loss adjustment for insurance companies (from Schedule 4I, line 24)	O	<b>.00</b>
P	Line 17: Wisconsin net business loss carryforward (from Part II, line 18 on page 2 of this form)	P	<b>4881241 .00</b>
Q	Line 21: Gross tax (generally = 7.9% x (lines L1 + L2 + M - N - P). See instructions.)	Q	<b>163190 .00</b>
R	Line 22: Nonrefundable credits (from Part III, line 5 on page 2 of this form)	R	<b>65000 .00</b>
S	Line 24: Economic development surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.)	S	<b>4896 .00</b>
T	Line 28: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2.	T	<b>_____</b>
U	Line 29: Wisconsin tax withheld (see instructions)	U	<b>.00</b>
V	Line 30: Refundable credits { For each credit, enter code from instructions and amount. Enter total refundable credits on line V.	V	<b>.00</b>
W	Line 43: Total company gross receipts from all activities (see instructions)	W	<b>175000000 .00</b>
X	Line 44: Total company assets from federal Form 1120	X	<b>180000000 .00</b>
Y	Lines 45 and 47: Wisconsin tangible property Y1 <b>11000000 .00</b> Wisconsin payroll Y2 <b>165000 .00</b>	Y2	<b>165000 .00</b>
Z	Line 50: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I)	Z	<b>25000000 .00</b>

Name of Combined Group Member  
**THE GREEK PLAYHOUSE**Member's FEIN  
**110000012****Part II Wisconsin Net Business Loss Carryforward** (See instructions)

1 Member's portion of combined unitary income from Part I, line L1 plus line L2 .....	1	6946933 .00
2 Member's net nonapportionable and separately apportioned income from Part I, line M .....	2	.00
3 Add lines 1 and 2 .....	3	6946933 .00
4 Member's net capital loss adjustment from Part I, line N (enter as a positive amount) .....	4	.00
5 Subtract line 4 from line 3 .....	5	6946933 .00
6 Member's net business loss carryforward from Form 4BL, Part II, line 30, column (i) (Nonshareable) or the amount this member elected to use this period .....	6	.00
7 Enter the lesser of line 5 or line 6, but not less than zero .....	7	.00
8 Subtract line 7 from line 5 .....	8	6946933 .00
9 Member's net business loss carryforward from Form 4BL, Part II, line 30, column (j) (Shareable) or the amount this member elected to use this period .....	9	.00
10 Enter the lesser of line 8 or line 9, but not less than zero .....	10	.00
11 Subtract line 10 from line 9. This is your remaining Shareable net business loss carryforward .....	11	.00
12 Subtract lines 7 and 10 from line 5. This is your remaining income before sharing with other members .....	12	6946933 .00
13 Shareable net business loss carryforward amount being shared with other members .....	13	.00
14 Shareable net business loss carryforward amount being shared with this member .....	14	.00
15 Subtract line 14 from line 12. This is your remaining income before sharing pre-2009 shareable net business loss carryforwards .....	15	6946933 .00
16 Pre-2009 shareable net business loss carryforward being shared with other members .....	16	.00
17 Pre-2009 shareable net business loss carryforward being shared with this member .....	17	4881241 .00
18 Member's net business loss. Add lines 7, 10, 14, and 17. Enter this amount on Part I, line P .....	18	4881241 .00

**Part III Nonrefundable Credits**

1 Summary of available nonrefundable credits from credit schedules {	For each credit, enter code from instructions and amount. Enter total nonrefundable credits on line 1.	
32	65000 .00	.00
	.00	.00
		.00
		.00
1	65000 .00	
2 Enter the member's gross tax from Part I, line Q .....	2	163190 .00
3 Enter the lesser of line 1 or line 2 (see instructions for exception). This is the credit used by the member .....	3	65000 .00
4 If line 2 is less than line 1 and the remaining credit includes a research credit, enter the amount shared with other combined group members as computed on Form 4CS. ....	4	0 .00
5 Add lines 3 and 4. This is the amount to enter on Part I, line R .....	5	65000 .00

**Part IV Member-Level Payment Data**

Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.

1 Enter the amount of the member's overpayment from previously filed returns to be applied .....	1	.00
2 <i>Estimated payments</i> - Enter date and amount of each payment made on a separate entity basis		
___/___/___ \$ _____	___/___/___ \$ _____	___/___/___ \$ _____
___/___/___ \$ _____	___/___/___ \$ _____	Total .....
		2
3 Add lines 1 and 2. This is the total amount of credit from this member's account to be included on Form 4, line 29 .....	3	.00

**Wisconsin Combined Group  
Member - Level Data****2012**Wisconsin Department  
of Revenue

File with Wisconsin Form 4

Designated Agent of Combined Group <b>HIDE N SEEK FOODS, INC.</b>				A Designated Agent's FEIN <b>110000002</b>	
Name of Combined Group Member to Which This Form Applies <b>ACME FOODS CORP</b>				B Member's FEIN <b>110000013</b>	
Number and Street <b>18 MAIN STREET</b>			Suite Number		
City <b>BOSTON</b>			State <b>MA</b>		ZIP (+ 4 digit suffix if known) <b>10793</b>
E Member's Taxable Year End <b>12/31/12</b>			F Period Included in This Return <b>01/01/12 - 12/31/12</b>		D State of Incorporation and Year <b>MA</b> Enter abbreviation of state in box, or if a foreign country, enter below.

- G ☐ Check (✓) if this member was excluded from a combined group in another state because it was not considered engaged in a unitary business. If checked, identify the applicable state(s) and explain on an attached statement.
- H ☐ Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.
- I ☐ Check (✓) if for the period included in this return, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return. Enter the FEIN of the return under which those items were reported: \_\_\_\_\_
- J Check (✓) if the member is a(n): 1 ☐ Insurance company 2 ☐ Tax exempt corporation
- K1 Check (✓) if applicable:
- 1 ☐ First return - new corporation or entering Wisconsin 3 ☐ Joined group during year 5 ☐ Short period - change in accounting method
- 2 ☐ Final return - corporation dissolved or withdrew 4 ☐ Left group during year 6 ☐ Short period - stock purchase or sale
- K2 Did you file federal Schedule UTP - Uncertain Tax Position Statement with the IRS? ☐ Yes ☐ No
- Did you file federal Form 8886 - Reportable Transaction Disclosure Statement with the IRS? ☐ Yes ☐ No
- If yes to either, enclose federal Schedule UTP and/or Form 8886 with your Wisconsin tax return.

**ENTER NEGATIVE NUMBERS LIKE THIS → -1000****NOT LIKE THIS → (1000)****NO COMMAS; NO CENTS****Part I Member's Share of Form 4 Items**

L1	Line 9: Combined unitary income (= Form 4, line 7 x member's percentage from Form 4A, Part II. If this is a 100% Wisconsin group, see instructions and complete line L2 if applicable.)	L1	<b>148829.00</b>
L2	100% Wisconsin groups: Adjustment for current year loss offset (see instructions)	L2	<b>.00</b>
M	Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14)	M	<b>.00</b>
N	Line 12: Net capital loss adjustment (from Form 4CL, Part I, line 9e)	N	<b>.00</b>
O	Line 14: Loss adjustment for insurance companies (from Schedule 4I, line 24)	O	<b>.00</b>
P	Line 17: Wisconsin net business loss carryforward (from Part II, line 18 on page 2 of this form)	P	<b>104574.00</b>
Q	Line 21: Gross tax (generally = 7.9% x (lines L1 + L2 + M - N - P). See instructions.)	Q	<b>3496.00</b>
R	Line 22: Nonrefundable credits (from Part III, line 5 on page 2 of this form)	R	<b>.00</b>
S	Line 24: Economic development surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.)	S	<b>.00</b>
T	Line 28: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2.	T	<input type="checkbox"/>
U	Line 29: Wisconsin tax withheld (see instructions)	U	<b>.00</b>
V	Line 30: Refundable credits { For each credit, enter code from instructions and amount. Enter total refundable credits on line V.	V	<b>.00</b>
W	Line 43: Total company gross receipts from all activities (see instructions)	W	<b>1500000.00</b>
X	Line 44: Total company assets from federal Form 1120	X	<b>2000000.00</b>
Y	Lines 45 and 47: Wisconsin tangible property Y1 <b>5000.00</b> Wisconsin payroll Y2	Y2	<b>1300.00</b>
Z	Line 50: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I)	Z	<b>800000.00</b>

Name of Combined Group Member  
ACME FOODS CORPMember's FEIN  
110000013**Part II Wisconsin Net Business Loss Carryforward** (See instructions)

1 Member's portion of combined unitary income from Part I, line L1 plus line L2 .....	1	148829 .00
2 Member's net nonapportionable and separately apportioned income from Part I, line M .....	2	.00
3 Add lines 1 and 2 .....	3	148829 .00
4 Member's net capital loss adjustment from Part I, line N (enter as a positive amount) .....	4	.00
5 Subtract line 4 from line 3 .....	5	148829 .00
6 Member's net business loss carryforward from Form 4BL, Part II, line 30, column (i) (Nonshareable) or the amount this member elected to use this period .....	6	.00
7 Enter the lesser of line 5 or line 6, but not less than zero .....	7	.00
8 Subtract line 7 from line 5 .....	8	148829 .00
9 Member's net business loss carryforward from Form 4BL, Part II, line 30, column (j) (Shareable) or the amount this member elected to use this period .....	9	.00
10 Enter the lesser of line 8 or line 9, but not less than zero .....	10	.00
11 Subtract line 10 from line 9. This is your remaining Shareable net business loss carryforward .....	11	.00
12 Subtract lines 7 and 10 from line 5. This is your remaining income before sharing with other members .....	12	148829 .00
13 Shareable net business loss carryforward amount being shared with other members .....	13	.00
14 Shareable net business loss carryforward amount being shared with this member .....	14	.00
15 Subtract line 14 from line 12. This is your remaining income before sharing pre-2009 shareable net business loss carryforwards .....	15	148829 .00
16 Pre-2009 shareable net business loss carryforward being shared with other members .....	16	.00
17 Pre-2009 shareable net business loss carryforward being shared with this member .....	17	104574 .00
18 Member's net business loss. Add lines 7, 10, 14, and 17. Enter this amount on Part I, line P .....	18	104574 .00

**Part III Nonrefundable Credits**

1 Summary of available nonrefundable credits from credit schedules { For each credit, enter code from instructions and amount.  
Enter total nonrefundable credits on line 1.

_____ .00	_____ .00	_____ .00	
_____ .00	_____ .00	_____ .00	1 _____ .00

2 Enter the member's gross tax from Part I, line Q .....

3 Enter the lesser of line 1 or line 2 (see instructions for exception). This is the credit used by the member .....

4 If line 2 is less than line 1 and the remaining credit includes a research credit, enter the amount shared with other combined group members as computed on Form 4CS. ....

5 Add lines 3 and 4. This is the amount to enter on Part I, line R .....

**Part IV Member-Level Payment Data**

Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.

1 Enter the amount of the member's overpayment from previously filed returns to be applied .....

2 *Estimated payments* - Enter date and amount of each payment made on a separate entity basis

___/___/___ \$ _____	___/___/___ \$ _____	___/___/___ \$ _____	
___/___/___ \$ _____	___/___/___ \$ _____	Total .....	2 _____ .00

3 Add lines 1 and 2. This is the total amount of credit from this member's account to be included on Form 4, line 29 .....



**Wisconsin Combined Group  
Member - Level Data****2012**Wisconsin Department  
of Revenue

File with Wisconsin Form 4

Designated Agent of Combined Group <b>HIDE N SEEK FOODS, INC.</b>			A Designated Agent's FEIN <b>110000002</b>		
Name of Combined Group Member to Which This Form Applies <b>ITALIAN PASTA COMPANY</b>			B Member's FEIN <b>110000125</b>		
Number and Street <b>700 PALM STREET</b>		Suite Number	C Business Activity (NAICS) Code <b>791111</b>		
City <b>FT MEYERS</b>	State <b>FL</b>	ZIP (+ 4 digit suffix if known)	D State of Incorporation and Year <b>FL</b> Enter abbreviation of state in box, or if a foreign country, enter below.		Year <b>1 9 9 9</b> C C Y Y
E Member's Taxable Year End <b>M M D D</b>		F Period Included in This Return <b>0 1 0 1 1 2 3 1 - 1 2 3 1 2 0 1 2</b> M M D D C C Y Y M M D D C C Y Y			

- G ☐ Check (✓) if this member was excluded from a combined group in another state because it was not considered engaged in a unitary business. If checked, identify the applicable state(s) and explain on an attached statement.
- H ☐ Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.
- I ☐ Check (✓) if for the period included in this return, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return. Enter the FEIN of the return under which those items were reported: \_\_\_\_\_
- J Check (✓) if the member is a(n): 1 ☐ Insurance company 2 ☐ Tax exempt corporation
- K1 Check (✓) if applicable:
- 1 ☐ First return - new corporation or entering Wisconsin 3 ☐ Joined group during year 5 ☐ Short period - change in accounting method
- 2 ☐ Final return - corporation dissolved or withdrew 4 ☐ Left group during year 6 ☐ Short period - stock purchase or sale
- K2 Did you file federal Schedule UTP - Uncertain Tax Position Statement with the IRS? ☐ Yes ☐ No
- Did you file federal Form 8886 - Reportable Transaction Disclosure Statement with the IRS? ☐ Yes ☐ No
- If yes to either, enclose federal Schedule UTP and/or Form 8886 with your Wisconsin tax return.

**ENTER NEGATIVE NUMBERS LIKE THIS → -1000****NOT LIKE THIS → (1000)****NO COMMAS; NO CENTS****Part I Member's Share of Form 4 Items**

- L1 Line 9: Combined unitary income (= Form 4, line 7 x member's percentage from Form 4A, Part II. If this is a 100% Wisconsin group, see instructions and complete line L2 if applicable.) L1 5632637.00
- L2 100% Wisconsin groups: Adjustment for current year loss offset (see instructions) L2 .00
- M Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14) M .00
- N Line 12: Net capital loss adjustment (from Form 4CL, Part I, line 9e) N .00
- O Line 14: Loss adjustment for insurance companies (from Schedule 4I, line 24) O .00
- P Line 17: Wisconsin net business loss carryforward (from Part II, line 18 on page 2 of this form) P 4782226.00
- Q Line 21: Gross tax (generally = 7.9% x (lines L1 + L2 + M - N - P). See instructions.) Q 67182.00
- R Line 22: Nonrefundable credits (from Part III, line 5 on page 2 of this form) R .00
- S Line 24: Economic development surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.) S 2015.00
- T Line 28: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2. T ☐
- U Line 29: Wisconsin tax withheld (see instructions) U .00
- V Line 30: Refundable credits { For each credit, enter code from instructions and amount.  
Enter total refundable credits on line V.  
.00 .00 .00 V .00
- W Line 43: Total company gross receipts from all activities (see instructions) W 151000000.00
- X Line 44: Total company assets from federal Form 1120 X 203000000.00
- Y Lines 45 and 47: Wisconsin tangible property Y1 270000.00 Wisconsin payroll Y2 51000.00
- Z Line 50: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I) Z 132000000.00



Name of Combined Group Member

ITALIAN PASTA COMPANY

Member's FEIN

110000125

**Part II Wisconsin Net Business Loss Carryforward** (See instructions)

1	Member's portion of combined unitary income from Part I, line L1 plus line L2 .....	1	5632637 .00
2	Member's net nonapportionable and separately apportioned income from Part I, line M .....	2	.00
3	Add lines 1 and 2 .....	3	5632637 .00
4	Member's net capital loss adjustment from Part I, line N (enter as a positive amount) .....	4	.00
5	Subtract line 4 from line 3 .....	5	5632637 .00
6	Member's net business loss carryforward from Form 4BL, Part II, line 30, column (i) (Nonshareable) or the amount this member elected to use this period .....	6	.00
7	Enter the lesser of line 5 or line 6, but not less than zero .....	7	.00
8	Subtract line 7 from line 5 .....	8	5632637 .00
9	Member's net business loss carryforward from Form 4BL, Part II, line 30, column (j) (Shareable) or the amount this member elected to use this period .....	9	2772700 .00
10	Enter the lesser of line 8 or line 9, but not less than zero .....	10	2772700 .00
11	Subtract line 10 from line 9. This is your remaining Shareable net business loss carryforward .....	11	.00
12	Subtract lines 7 and 10 from line 5. This is your remaining income before sharing with other members .....	12	2859937 .00
13	Shareable net business loss carryforward amount being shared with other members .....	13	.00
14	Shareable net business loss carryforward amount being shared with this member .....	14	.00
15	Subtract line 14 from line 12. This is your remaining income before sharing pre-2009 shareable net business loss carryforwards .....	15	2859937 .00
16	Pre-2009 shareable net business loss carryforward being shared with other members .....	16	.00
17	Pre-2009 shareable net business loss carryforward being shared with this member .....	17	2009526 .00
18	Member's net business loss. Add lines 7, 10, 14, and 17. Enter this amount on Part I, line P .....	18	4782226 .00

**Part III Nonrefundable Credits**

1 Summary of available nonrefundable credits from credit schedules { For each credit, enter code from instructions and amount.  
Enter total nonrefundable credits on line 1.

_____ .00	_____ .00	_____ .00	
_____ .00	_____ .00	_____ .00	1 _____ .00

2 Enter the member's gross tax from Part I, line Q .....

3 Enter the lesser of line 1 or line 2 (see instructions for exception). This is the credit used by the member .

4 If line 2 is less than line 1 and the remaining credit includes a research credit, enter the amount shared with other combined group members as computed on Form 4CS. ....

5 Add lines 3 and 4. This is the amount to enter on Part I, line R .....

**Part IV Member-Level Payment Data**

Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.

1 Enter the amount of the member's overpayment from previously filed returns to be applied .....

2 *Estimated payments* - Enter date and amount of each payment made on a separate entity basis

___/___/___ \$ _____	___/___/___ \$ _____	___/___/___ \$ _____	
___/___/___ \$ _____	___/___/___ \$ _____	Total .....	2 _____ .00

3 Add lines 1 and 2. This is the total amount of credit from this member's account to be included on Form 4, line 29 .....

(see instructions)

**Part II - Combined Group Members**

	(a) Year	(b) Income	Loss			Loss Used/Expired			Remaining Loss Available		
			(c) Non- shareable	(d) Shareable	(e) Pre-2009 Shareable	(f) Non- shareable	(g) Shareable	(h) Pre-2009 Shareable	(i) Non- shareable	(j) Shareable	(k) Pre-2009 Shareable
Starting with column (a), complete all applicable lines for one column before filling in the next column.					Skip this column. It is reserved for future use.			Skip this column. It is reserved for future use.			Skip this column. It is reserved for future use.
1 30th preceding taxable year											
2 29th preceding taxable year											
3 28th preceding taxable year											
4 27th preceding taxable year											
5 26th preceding taxable year											
6 25th preceding taxable year											
7 24th preceding taxable year											
8 23rd preceding taxable year											
9 22nd preceding taxable year											
10 21st preceding taxable year											
11 20th preceding taxable year											
12 19th preceding taxable year											
13 18th preceding taxable year											
14 17th preceding taxable year											
15 16th preceding taxable year											
16 15th preceding taxable year											
17 14th preceding taxable year											
18 13th preceding taxable year											
19 12th preceding taxable year											
20 11th preceding taxable year											
21 10th preceding taxable year											
22 9th preceding taxable year											
23 8th preceding taxable year											
24 7th preceding taxable year											
25 6th preceding taxable year											
26 5th preceding taxable year	2007	2088050									
27 4th preceding taxable year	2008	3796000									
28 3rd preceding taxable year	2009	1500700									
29 2nd preceding taxable year	2010			8023000							8023000
30 1st preceding taxable year	2011	5250300					-5250300				2772700

**Wisconsin Combined Group  
Member - Level Data****2012**Wisconsin Department  
of Revenue

File with Wisconsin Form 4

Designated Agent of Combined Group <b>HIDE N SEEK FOODS, INC.</b>			A Designated Agent's FEIN <b>110000002</b>		
Name of Combined Group Member to Which This Form Applies <b>WISCONSIN TELECOM CO</b>			B Member's FEIN <b>110000124</b>		
Number and Street <b>31 JOHN NOLAN DRIVE</b>			Suite Number		C Business Activity (NAICS) Code <b>818191</b>
City <b>MADISON</b>		State <b>WI</b>	ZIP (+ 4 digit suffix if known) <b>53711</b>		D State of Incorporation and Year <b>WI</b> Enter abbreviation of state in box, or if a foreign country, enter below.
E Member's Taxable Year End <b>12/31</b>		F Period Included in This Return <b>01011231 - 12312012</b>			

- G ☐ Check (✓) if this member was excluded from a combined group in another state because it was not considered engaged in a unitary business. If checked, identify the applicable state(s) and explain on an attached statement.
- H ☐ Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.
- I ☐ Check (✓) if for the period included in this return, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return. Enter the FEIN of the return under which those items were reported: \_\_\_\_\_
- J Check (✓) if the member is a(n): 1 ☐ Insurance company 2 ☐ Tax exempt corporation
- K1 Check (✓) if applicable:
- 1 ☐ First return - new corporation or entering Wisconsin 3 ☐ Joined group during year 5 ☐ Short period - change in accounting method
- 2 ☐ Final return - corporation dissolved or withdrew 4 ☐ Left group during year 6 ☐ Short period - stock purchase or sale
- K2 Did you file federal Schedule UTP - Uncertain Tax Position Statement with the IRS? ☐ Yes ☐ No
- Did you file federal Form 8886 - Reportable Transaction Disclosure Statement with the IRS? ☐ Yes ☐ No
- If yes to either, enclose federal Schedule UTP and/or Form 8886 with your Wisconsin tax return.

**ENTER NEGATIVE NUMBERS LIKE THIS → -1000****NOT LIKE THIS → (1000)****NO COMMAS; NO CENTS****Part I Member's Share of Form 4 Items**

L1	Line 9: Combined unitary income (= Form 4, line 7 x member's percentage from Form 4A, Part II. If this is a 100% Wisconsin group, see instructions and complete line L2 if applicable.)	L1	<b>6630.00</b>
L2	100% Wisconsin groups: Adjustment for current year loss offset (see instructions)	L2	<b>.00</b>
M	Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14)	M	<b>.00</b>
N	Line 12: Net capital loss adjustment (from Form 4CL, Part I, line 9e)	N	<b>.00</b>
O	Line 14: Loss adjustment for insurance companies (from Schedule 4I, line 24)	O	<b>.00</b>
P	Line 17: Wisconsin net business loss carryforward (from Part II, line 18 on page 2 of this form)	P	<b>4659.00</b>
Q	Line 21: Gross tax (generally = 7.9% x (lines L1 + L2 + M - N - P). See instructions.)	Q	<b>156.00</b>
R	Line 22: Nonrefundable credits (from Part III, line 5 on page 2 of this form)	R	<b>15000.00</b>
S	Line 24: Economic development surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.)	S	<b>25.00</b>
T	Line 28: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2.	T	<b></b>
U	Line 29: Wisconsin tax withheld (see instructions)	U	<b>.00</b>
V	Line 30: Refundable credits { For each credit, enter code from instructions and amount. Enter total refundable credits on line V.	V	<b>.00</b>
W	Line 43: Total company gross receipts from all activities (see instructions)	W	<b>4000000.00</b>
X	Line 44: Total company assets from federal Form 1120	X	<b>28000000.00</b>
Y	Lines 45 and 47: Wisconsin tangible property Y1 <b>50000.00</b> Wisconsin payroll Y2	Y2	<b>17000.00</b>
Z	Line 50: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I)	Z	<b>1200000.00</b>

Name of Combined Group Member  
WISCONSIN TELECOM COMember's FEIN  
110000124**Part II Wisconsin Net Business Loss Carryforward** (See instructions)

1 Member's portion of combined unitary income from Part I, line L1 plus line L2	1	6630.00
2 Member's net nonapportionable and separately apportioned income from Part I, line M	2	.00
3 Add lines 1 and 2	3	6630.00
4 Member's net capital loss adjustment from Part I, line N (enter as a positive amount)	4	.00
5 Subtract line 4 from line 3	5	6630.00
6 Member's net business loss carryforward from Form 4BL, Part II, line 30, column (i) (Nonshareable) or the amount this member elected to use this period	6	.00
7 Enter the lesser of line 5 or line 6, but not less than zero	7	.00
8 Subtract line 7 from line 5	8	6630.00
9 Member's net business loss carryforward from Form 4BL, Part II, line 30, column (j) (Shareable) or the amount this member elected to use this period	9	.00
10 Enter the lesser of line 8 or line 9, but not less than zero	10	.00
11 Subtract line 10 from line 9. This is your remaining Shareable net business loss carryforward	11	.00
12 Subtract lines 7 and 10 from line 5. This is your remaining income before sharing with other members	12	6630.00
13 Shareable net business loss carryforward amount being shared with other members	13	.00
14 Shareable net business loss carryforward amount being shared with this member	14	.00
15 Subtract line 14 from line 12. This is your remaining income before sharing pre-2009 shareable net business loss carryforwards	15	6630.00
16 Pre-2009 shareable net business loss carryforward being shared with other members	16	.00
17 Pre-2009 shareable net business loss carryforward being shared with this member	17	4659.00
18 Member's net business loss. Add lines 7, 10, 14, and 17. Enter this amount on Part I, line P	18	4659.00

**Part III Nonrefundable Credits**

1 Summary of available nonrefundable credits from credit schedules { For each credit, enter code from instructions and amount.  
Enter total nonrefundable credits on line 1.

25	15000.00	.00	.00	
	.00	.00	.00	1 15000.00

2 Enter the member's gross tax from Part I, line Q

3 Enter the lesser of line 1 or line 2 (see instructions for exception). This is the credit used by the member

4 If line 2 is less than line 1 and the remaining credit includes a research credit, enter the amount shared with other combined group members as computed on Form 4CS.

5 Add lines 3 and 4. This is the amount to enter on Part I, line R

2	156.00
3	156.00
4	14844.00
5	15000.00

**Part IV Member-Level Payment Data**

Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.

1 Enter the amount of the member's overpayment from previously filed returns to be applied

2 Estimated payments - Enter date and amount of each payment made on a separate entity basis

___/___/___ \$	___/___/___ \$	___/___/___ \$	
___/___/___ \$	___/___/___ \$	Total	2 .00

3 Add lines 1 and 2. This is the total amount of credit from this member's account to be included on Form 4, line 29

3	.00
---	-----



**Sharing of Research Credits for  
Combined Group Members**

File with Wisconsin Form 4

**2012***Read instructions before filling in this form*

Designated Agent Name

Federal Employer ID Number

HIDE N SEEK FOODS, INC.

110000002

**Part I Computation of Aggregate Sharable Amount**Do not include any research credits already  
used by the member, as computed on that  
member's Form 4M, Part III, line 3.

(a) Name of Member With Sharable Research Credits (abbreviate as necessary)	(b) Member's FEIN	(c) Sharable Research Credit Amount
1a WISCONSIN TELECOM CO	110000124	14844
1b		
1c		
1d		
1e		
1f Total from additional companies reported on attached schedule.	1f	0
2 Add the amounts in column (c) of lines 1a through 1f. This is the aggregate sharable research credit.	2	14844

**Part II Computation of Combined Group's Tax Eligible for Shared Credits**

Go to page 2 for Part II.

**Part III Computation of Percentage to be Applied to Combined Return**

5 Enter the total eligible tax liability from line 4 in Part II. 5 168868

6 If the amount on line 2 is greater than the amount on line 5, divide the amount on line 5 by the amount on line 2. If the amount on line 5 is greater than the amount on line 2, enter "100.0000%." This is the percentage of available research credits from Part I that may be applied to the combined return as shared credits. 6 100.0000%

*For each member listed in Part I, multiply that member's amount in Part I, column (c) by the percentage on line 6 and enter the result on Form 4M, Part III, line 4.*



**Part II Computation of Combined Group's Tax Eligible for Shared Credits**

(a) Name of Member with Tax Liability (abbreviate as necessary)	(b) Member's FEIN	(c1) Member's Share of Combined Unitary Income (from Form 4M, line L1 + L2)		(d) Member's Gross Tax (from Form 4M, line Q)	(e) Member's Own Credits Used (from Form 4M, Part III, Line 3)	(f) Amount in (d) minus amount in (e)	(g) Lesser of (c2) or (f)  This is the member's tax liability eligible for shared credits
		(c2) Amount in (c1) multiplied by 7.9%					
<b>3a</b> HIDE N SEEK FOODS INC	110000002	c1	63018290		0	0	0
		c2	4978445				
		c1	6946298				
<b>3b</b> THE GREEK PLAYHOUSE	110000012	c2	548805	163190	65000	98190	98190
		c1	11760				
<b>3c</b> ACME FOODS CORP	110000013	c2	5632611	3496	0	3496	3496
		c1	5632611				
<b>3d</b> ITALIAN PASTA COMPANY	110000125	c2	444976	67182	0	67182	67182
		c1	6616				
<b>3e</b> WISCONSIN TELECOM CO	110000124	c2	523	156	156	0	0
		c1					
<b>3f</b>		c2					
		c1					
<b>3g</b>		c2					
<b>3h</b> Total from additional companies reported on separate schedules.....							3h

**4** Add the amounts on lines 3a through 3h of column g. Enter this amount on page 1, line 5 ..... **4** 168868

Name

Acme Food Corp

Identifying Number

11-0000013

- 1** Fill in the number of full-time equivalent employees you employed in Wisconsin during your taxable year beginning in 2012 (see instructions). . . . **1** 2
- 2** Fill in the number of full-time equivalent employees you employed in Wisconsin during your taxable year beginning in 2011 (see instructions). . . . **2** 1
- 3** Subtract line 2 from line 1. (If line 2 is greater than line 1, fill in zero (0) on line 3. Do not complete the rest of the schedule. You do not qualify for the deduction). . . . **3** 1
- 4** If the gross receipts (see definition in instructions) from the business were \$5,000,000 or less during the 2012 taxable year, fill in \$4,000 on line 4; if gross receipts from the business were greater than \$5,000,000 during the 2012 taxable year, fill in \$2,000 on line 4 . . . . **4** 4000 .00
- 5** Multiply line 3 by the amount on line 4 . . . . **5** 4000 .00
- 6** Fill in 2012 job creation deduction passed through from other entities . . . . **6** 0 .00
- 7** Add the amounts on lines 5 and 6. This is your 2012 job creation deduction (see instructions) . . . . **7** 4000 .00
- 7a** Fiduciaries – Fill in the amount of the deduction allocated to beneficiaries. . . **7a** .00
- 7b** Fiduciaries – Subtract line 7a from line 7 . . . . **7b** .00



**Wisconsin Research Credits**

File with Wisconsin Form 4, 4T, or 5

**2012**

Read instructions before filling in this schedule

Name <b>Wisconsin Telecom Co</b>	Federal Employer ID Number <b>11-0000124</b>
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**Part I Credit for Increasing Research Expenses**

1 Enter Wisconsin research wage expenses .....	1	
2 Enter Wisconsin research supplies expenses .....	2	
3 Enter Wisconsin research computer rental expenses .....	3	
4 Enter applicable percentage of Wisconsin contract research expenses .....	4	
5 Enter expenses used to compute the federal orphan drug credit that qualify as Wisconsin research expenses .....	5	
6 Add lines 1 through 5 .....	6	
7 Wages included on line 6 that qualify for the Wisconsin development zones credit .....	7	
8 Subtract line 7 from line 6. This is total Wisconsin research expenses .....	8	

**Section A Regular Credit.** Complete this section only if you are claiming the regular credit – see instructions.

(Skip this section and go to section B if you are electing the alternative incremental credit.)

Check (✓) ☐ if this is a one-time only change in election.

9 Enter average annual Wisconsin gross receipts from the Worksheet on page 2, line 5 .....	9	
10 Enter Wisconsin fixed-base percentage, but not more than 16% (0.16), from the Worksheet on page 2, line 19 .....	10	----- %
11 Multiply line 9 by the percentage on line 10. This is the base amount .....	11	
12 Subtract line 11 from line 8. If zero or less, enter zero (0) .....	12	
13 Multiply line 8 by 50% (0.50) .....	13	
14 Enter the <b>smaller</b> of line 12 or line 13 .....	14	
15 Multiply line 14 by 5% (0.05). This is the regular Wisconsin credit for increasing research expenses ...	15	

**Section B Alternative Incremental Credit.** Complete this section only if you are claiming the alternative credit – see instructions.

(Skip this section and go to line 29 if you completed section A.)

Check (✓) ☐ if this is a one-time only change in election.

16 Enter average annual Wisconsin gross receipts from the Worksheet on page 2, line 5 .....	16	
17 Multiply line 16 by 1% (0.01) .....	17	
18 Subtract line 17 from line 8. If zero or less, enter zero (0) .....	18	
19 Multiply line 16 by 1.5% (0.015) .....	19	
20 Subtract line 19 from line 8. If zero or less, enter zero (0) .....	20	
21 Subtract line 20 from line 18. If zero or less, enter zero (0) .....	21	
22 Multiply line 16 by 2% (0.02) .....	22	
23 Subtract line 22 from line 8. If zero or less, enter zero (0) .....	23	
24 Subtract line 23 from line 20. If zero or less, enter zero (0) .....	24	
25 Multiply line 21 by 2.65% (0.0265) .....	25	
26 Multiply line 24 by 3.2% (0.032) .....	26	
27 Multiply line 23 by 3.75% (0.0375) .....	27	
28 Add lines 25, 26, and 27. This is the Wisconsin alternative incremental credit .....	28	

29 Carryover of unused research expense credit .....	29	
30 Add line 15 <u>or</u> line 28 to line 29. This is the available research expense credit .....	30	

**Part II Credit for Research Facilities**

31 Total qualified research facility expenditures .....	31	300000
32 Multiply line 31 by 5% (0.05) .....	32	15000
33 Carryover of unused research facilities credit .....	33	0
34 Add lines 32 and 33. This is the available research facilities credit .....	34	15000

**Part III Super Research and Development Credit**

<b>35</b>	Enter 2011 Wisconsin qualified research expenses .....	<b>35</b>	
<b>36</b>	Enter 2010 Wisconsin qualified research expenses .....	<b>36</b>	
<b>37</b>	Enter 2009 Wisconsin qualified research expenses .....	<b>37</b>	
<b>38</b>	Add lines 35 through 37. ....	<b>38</b>	
<b>39</b>	Divide line 38 by 3. ....	<b>39</b>	
<b>40</b>	Multiply line 39 by 1.25 .....	<b>40</b>	
<b>41</b>	Enter current year Wisconsin qualified research expenses. ....	<b>41</b>	
<b>42</b>	If line 41 is larger than line 40, subtract line 40 from line 41. This is the 2012 Super Research and Development Credit. ....	<b>42</b>	
<b>43</b>	Carryover of unused super research development credit .....	<b>43</b>	
<b>44</b>	Add lines 42 and 43. This is the available super research and development credit .....	<b>44</b>	

**WORKSHEET**

<b>Average Annual Wisconsin Gross Receipts</b>	<b>(a) 2008</b>	<b>(b) 2009</b>	<b>(c) 2010</b>	<b>(d) 2011</b>
<b>1</b> Total gross receipts .....				
<b>2</b> Out-of-state receipts included on line 1. ....				
<b>3</b> Subtract line 2 from line 1 .....				
<b>4</b> Add line 3, columns a through d .....				
<b>5</b> Divide amount on line 4 by 4. This is average annual Wisconsin gross receipts to enter on Schedule R, line 9 or line 16 .....				

<b>Wisconsin Fixed-Base Percentage</b>	<b>(a) 1984</b>	<b>(b) 1985</b>	<b>(c) 1986</b>	<b>(d) 1987</b>	<b>(e) 1988</b>
<b>6</b> Wisconsin research wage expenses. ...					
<b>7</b> Wisconsin research supplies expenses					
<b>8</b> Wisconsin research computer rental expenses. ....					
<b>9</b> Wisconsin contract research expenses					
<b>10</b> Qualifying expenses used in federal orphan drug credit. ....					
<b>11</b> Add lines 6 through 10 .....					
<b>12</b> Wages for Wisconsin development zones credit. ....					
<b>13</b> Subtract line 12 from line 11 .....					
<b>14</b> Add line 13, columns a through e .....					
<b>15</b> Total gross receipts .....					
<b>16</b> Out-of-state receipts on line 15. ....					
<b>17</b> Subtract line 16 from line 15 .....					
<b>18</b> Add line 17, columns a through e .....					
<b>19</b> Divide line 14 by line 18. This is the Wisconsin fixed-base percentage to enter on Schedule R, line 10 .....					

%

Schedule **EM****Electronic Medical Records  
Credit****2012**Wisconsin Department  
of Revenue

Enclose with Form 1, 1NPR, 2, 3, 4, 4T, 5, or 5S

Name <u>The Greek Playhouse</u>	Identifying Number <u>11-00000012</u>
------------------------------------	--

**1** Fill in the amount of electronic medical records credit allocated to you by the Wisconsin Department of Revenue ..... **1** 50,000 .00

**2** Electronic medical records credit passed through from other entities

**2a** Entity Name Nurse Jackie Therapy, LLC  
FEIN 25-0000001 **2a** Amount 15,000 .00

**2b** Entity Name \_\_\_\_\_  
FEIN \_\_\_\_\_ **2b** Amount \_\_\_\_\_ .00

**2c** Entity Name \_\_\_\_\_  
FEIN \_\_\_\_\_ **2c** Amount \_\_\_\_\_ .00

**2d** Entity Name \_\_\_\_\_  
FEIN \_\_\_\_\_ **2d** Amount \_\_\_\_\_ .00

**2e** Total pass through credits from additional schedule **2e** .00

**2f** Total credits (add lines 2a through 2e) ..... **2f** 15,000 .00

**3** Add the amounts on lines 1 and 2f. This is your 2012 electronic medical records credit (see instructions) ..... **3** 65,000 .00

**3a** Fiduciaries – Fill in the amount of credit allocated to beneficiaries ..... **3a** .00

**3b** Fiduciaries – Subtract line 3a from line 3 ..... **3b** .00





Wisconsin Department  
of Revenue

Read instructions before filling in this schedule

Name <b>Hide N Seek Foods, Inc.</b>	Identifying Number <b>11-00000002</b>
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1 Enter amount of wage tax benefits awarded by the Wisconsin Economic Development Corporation .....	1	<b>90,000</b>
2 Enter amount awarded by the Wisconsin Economic Development Corporation for costs incurred to undertake training activities .....	2	<b>10,000</b>
3 Add lines 1 and 2. ....	3	<b>100,000</b>
4 Enter jobs tax credit passed through from other entities .....	4	
5 Add lines 3 and 4. This is your 2012 jobs tax credit .....	5	
5a Fiduciaries - enter the amount of credit allocated to beneficiaries .....	5a	
5b Fiduciaries - subtract line 5a from line 5 .....	5b	
6 Unused 2010 jobs tax credit .....	6	<b>25,000</b>
7 Unused 2011 jobs tax credit. ....	7	<b>25,000</b>
8 Add lines 6 and 7. ....	8	<b>50,000</b>
9 Add lines 5 and 8 (lines 5b and 8 for fiduciaries). This is the available jobs tax credit .....	9	<b>150,000</b>

**Instructions for 2012 Schedule JT****Purpose of Schedule JT**

Use Schedule JT to claim the jobs tax credit, which is available for taxpayers who are certified by the Wisconsin Economic Development Corporation (WEDC). For information regarding how to become certified, visit the WEDC web site at [inwisconsin.com](http://inwisconsin.com) or write to the WEDC, PO Box 1687, Madison WI 53701-1687.

Partnerships, LLCs treated as partnerships, and tax-option (S) corporations cannot claim the credit, but the credit amount attributable to the entity's business operations passes through to the partners, members or shareholders.

No credit is allowed unless the claimant satisfies the following requirements:

- The claimant is certified by the WEDC.
- The claimant has received from the WEDC notice of eligibility to receive tax benefits that reports the amount of tax benefit for which the claimant is eligible.

The credit is based on wages paid to an eligible employee and costs incurred to undertake training activities.

**Credit is Income**

The credit you compute on Schedule JT is income and must be reported on your Wisconsin franchise or income tax return in the year computed.

**Carryforward of Unused Credits**

For taxable years beginning in 2010 and 2011, the jobs tax credit was nonrefundable. The credit could only be used to offset tax due. Any unused credit for these two years may be carried forward to taxable years beginning in 2012. The credit is refundable for taxable years beginning in 2012 and thereafter.

**Who is Eligible to Claim the Credit**

Any individual, estate, trust, partnership, limited liability company (LLC), corporation or tax-exempt organization that is certified by the WEDC may be eligible for the credit.

### Form 4, Line 50 Statement

Wisconsin Telcom Co. owns ABC Distributors, LLC  
The Greek Playhouse owns Whole Foods, LLC

### Form 4R Statements

Line 8. Acme Foods Corp. 11-0000013, \$49,273,677  
Line 9 The Greek Playhouse 11,0000012, \$392,978  
Line 18. Fine Foods of Finland Co. 11-0000130, (\$13,000)  
Line 19. Marketing Inc. 11-0000135, (\$14,000)

### Schedule V Detail

	Acme Foods Corp	WI Telcom Co	Total
State Taxes	2,000,000	387,175	2,387,175
Bonus Depreciation	15,000		15,000

### Schedule W Detail

	Acme Foods Corp	WI Telcom Co	Total
Depreciation	750		750
Charitable contributions		2,436	2,436

■ **Part II, Line 16. Pre-2009 Net Business Loss Carryforward Amount Being Shared With Other Members** – If a combined group member has unused, unexpired net business loss carryforwards incurred in taxable years beginning before January 1, 2009, the pre-2009 net business loss carryforwards not used by the member prior to the taxable year beginning on or after January 1, 2012 may be shared up to five percent per year with other combined group members in taxable years beginning on or after January 1, 2012, and before January 1, 2032.

A pre-2009 net business loss carryforward is a corporation's total net business loss carryforward as of the beginning of its first taxable year that begins after December 31, 2008, and that has not been used by the corporation in any taxable year beginning before January 1, 2012.

**Step 1:** Determine the member's pre-2009 net business loss carryforward.

Line A	Net business loss carryforward after the last tax return has been filed for the taxable year beginning in 2008 (2009 Form 4BL, line 30(f)).	A. <u>274,361,650</u>
Line B	Net business loss carryforward used on return(s) for taxable year(s) beginning in 2009 (2009 Form 4M, Part II, line 7).	B. <u>57,882,000</u>
Line C	Net business loss carryforward used on return(s) for taxable year(s) beginning in 2010 (2010 Form 4M, Part II, line 7).	C. <u>67,530,000</u>
Line D	Net business loss carryforward used on return(s) for taxable year(s) beginning in 2011 (2011 Form 4M, Part II, line 7).	D. <u>0</u>
Line E	Add lines B through D.	E. <u>125,412,000</u>
Line F	Member's pre-2009 net business loss carryforward available at the beginning of the first taxable year beginning in 2012. Subtract line E from line A.	F. <u>148,949,650</u>

**Step 2:** Determine the maximum annual amount this member can convert from nonshareable to shareable and share with other members in the taxable year.

Line G	Enter the amount from line F.	G. <u>148,949,650</u>
Line H	Maximum percentage allowed to be shared per taxable year (5%)	H. <u>0.05</u>
Line I	Multiply line G by line H. Round to the dollar.	I. <u>7,447,483</u>
Line J	Enter the taxable year's beginning date from Form 4, top of form.	J. <u>01/01/12</u>
Line K	Enter the taxable year's ending date from Form 4, top of form.	K. <u>12/31/12</u>
Line L	Number of days between dates on lines J and K. Do not enter more than 365 days. For example, the number of days between February 14 and February 19 is 5 days.	L. <u>365</u>
Line M	Tentative maximum amounts that this member may share with other Members for this taxable year. Multiply line I by (line L divided by 365). Round to the dollar.	M. <u>7,447,483</u>
Line N	Enter the amount of nonshareable net business loss that the member is using from its Form 4M, Part II, line 7.	N. <u>63,018,267</u>
Line O	Maximum amount that this member may share with other members for this taxable year.	

Subtract Line N from Line F.

- If the difference is greater to or equal to line M, enter the amount from line M and go to line P.
- If the difference is greater than zero but less than line M, enter the difference and to line P.
- If the difference is zero or less, enter zero and stop. There are no remaining nonshareable net business loss carryforwards available.

O. 7,447,483

Line P Does the member choose to share less than the maximum amount allowed to be shared this year from line O? If yes, enter that amount here. This amount must be between zero and the amount on line O. If no, enter the amount from line O.

P. 7,000,000

**Step 3:** Allocate to other members. Using the allocation method shown in the instructions for line 14, Examples 1 and 2, allocate the amounts (line P) being shared with other members. After this allocation has been made, enter the member's amount shared with other members on Form 4M, Part II, line 16.

The sum of all Form 4M, Part II, line 16 amounts should equal the sum of all Form 4M, Part II, line 17 amounts.

The member's Form 4BL, Part II, column (f) should include the amount that the member is sharing with other members since this amount is being used up.

**Step 4:** Compute carryforward, if any. If the member did not use the maximum amount (line O) to offset the income of other members, the remainder may be added to that portion of pre-2009 net business loss carryforward that may offset the income of all other members in a subsequent year until the pre-2009 net business loss carryforward is completely used or expired. Pre-2009 net business loss carryforwards may not be used in any taxable year that begins on or after January 1, 2032.

Line Q Enter the amount from line O.

Q. 7,447,483

Line R Enter the amount from Form 4M, Part II, line 16.

R. 7,000,000

Line S Subtract line R from line Q. This amount may be carried forward.

S. 447,483

The member's Form 4BL, Part II, column (f) should include the amount that the member is converting to the new class of pre-2009 shareable net business loss carryforward. In addition, this amount will be added to the member's Form 4BL, Part II, column (k) for the subsequent taxable year.

A comprehensive example is available on the department's website at [revenue.wi.gov](http://revenue.wi.gov).

**Part II, Line 17. Pre-2009 Net Business Loss Carryforward Amount Being Shared With This Member** – Enter the amount of pre-2009 net business loss carryforward being shared with the combined group member. See the instructions for line 14, Examples 1 and 2, for the allocation method.

The sum of all Form 4M, Part II, line 16 amounts should equal the sum of all Form 4M, Part II, line 17 amounts.

A comprehensive example is available on the department's web site at [revenue.wi.gov](http://revenue.wi.gov).

<b>A Check if:</b> <b>1a</b> Consolidated return (attach Form 851) <input checked="" type="checkbox"/> <b>b</b> Life/nonlife consolidated return <input type="checkbox"/> <b>2</b> Personal holding co. (attach Sch. PH) <input type="checkbox"/> <b>3</b> Personal service corp. (see instructions) <input type="checkbox"/> <b>4</b> Schedule M-3 attached <input checked="" type="checkbox"/>	<b>TYPE OR PRINT</b>	<b>Name</b> Hide 'N Seek Foods, Inc. <hr/> <b>Number, street, and room or suite no. If a P.O. box, see instructions.</b> 32 Any Street <hr/> <b>City or town, state, and ZIP code</b> Anytown, TX 77287	<b>B Employer identification number</b> 11-0000002 <hr/> <b>C Date incorporated</b> 06/15/1979 <hr/> <b>D Total assets (see instructions)</b> \$ 860,788,175
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**E Check if:** (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

<b>Income</b>	<b>1a</b> Gross receipts or sales	<b>1a</b>	496,482,805			
	<b>b</b> Returns and allowances	<b>1b</b>	60,233,606			
	<b>c</b> Balance. Subtract line 1b from line 1a				<b>1c</b>	436,249,199
	<b>2</b> Cost of goods sold (attach Form 1125-A)				<b>2</b>	287,440,463
	<b>3</b> Gross profit. Subtract line 2 from line 1c				<b>3</b>	148,808,736
	<b>4</b> Dividends (Schedule C, line 19)				<b>4</b>	2,304,041
	<b>5</b> Interest				<b>5</b>	2,948,781
	<b>6</b> Gross rents				<b>6</b>	6,132,695
	<b>7</b> Gross royalties				<b>7</b>	2,707,354
	<b>8</b> Capital gain net income (attach Schedule D (Form 1120))				<b>8</b>	428,512
	<b>9</b> Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)				<b>9</b>	530,308
<b>10</b> Other income (see instructions—attach statement)				<b>10</b>	50,053,700	
<b>11</b> <b>Total income.</b> Add lines 3 through 10				<b>11</b>	213,914,127	
<b>Deductions (See instructions for limitations on deductions.)</b>	<b>12</b> Compensation of officers (see instructions—attach Form 1125-E)				<b>12</b>	3,563,291
	<b>13</b> Salaries and wages (less employment credits)				<b>13</b>	30,986,825
	<b>14</b> Repairs and maintenance				<b>14</b>	598,092
	<b>15</b> Bad debts				<b>15</b>	378,768
	<b>16</b> Rents				<b>16</b>	3,473,590
	<b>17</b> Taxes and licenses				<b>17</b>	5,726,524
	<b>18</b> Interest				<b>18</b>	21,434,718
	<b>19</b> Charitable contributions				<b>19</b>	148,769
	<b>20</b> Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)				<b>20</b>	1,656,534
	<b>21</b> Depletion				<b>21</b>	
	<b>22</b> Advertising				<b>22</b>	1,870,199
	<b>23</b> Pension, profit-sharing, etc., plans				<b>23</b>	2,227,414
	<b>24</b> Employee benefit programs				<b>24</b>	3,289,542
	<b>25</b> Domestic production activities deduction (attach Form 8903)				<b>25</b>	
	<b>26</b> Other deductions (attach statement)				<b>26</b>	55,481,163
	<b>27</b> <b>Total deductions.</b> Add lines 12 through 26				<b>27</b>	130,835,429
	<b>28</b> Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.				<b>28</b>	83,078,698
	<b>29a</b> Net operating loss deduction (see instructions)	<b>29a</b>				
<b>b</b> Special deductions (Schedule C, line 20)	<b>29b</b>					
<b>c</b> Add lines 29a and 29b				<b>29c</b>		
<b>Tax, Refundable Credits, and Payments</b>	<b>30</b> <b>Taxable income.</b> Subtract line 29c from line 28 (see instructions)				<b>30</b>	83,078,698
	<b>31</b> Total tax (Schedule J, Part I, line 11)				<b>31</b>	17,867,507
	<b>32</b> Total payments and refundable credits (Schedule J, Part II, line 21)				<b>32</b>	20,232,650
	<b>33</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>				<b>33</b>	
	<b>34</b> <b>Amount owed.</b> If line 32 is smaller than the total of lines 31 and 33, enter amount owed				<b>34</b>	
	<b>35</b> <b>Overpayment.</b> If line 32 is larger than the total of lines 31 and 33, enter amount overpaid				<b>35</b>	2,365,143
	<b>36</b> Enter amount from line 35 you want: <b>Credited to 2013 estimated tax</b> ► <b>Refunded</b> ►				<b>36</b>	1,365,143

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00000001
Firm's name ► Electronic Tax Filers, Inc.	Firm's EIN ► 11-0000011			
Firm's address ► 100 Efile Drive, Anytown, TX 75231	Phone no. 512-555-1212			



**U.S. Corporation Income Tax Return**

For calendar year 2012 or tax year beginning Jan. 1, 2012, ending Dec. 31, 2012

OMB No. 1545-0123

**2012**Information about Form 1120 and its separate instructions is at [www.irs.gov/form1120](http://www.irs.gov/form1120).

<b>A Check if:</b> <b>1a</b> Consolidated return (attach Form 851) <input type="checkbox"/> <b>b</b> Life/nonlife consolidated return <input type="checkbox"/> <b>2</b> Personal holding co. (attach Sch. PH) <input type="checkbox"/> <b>3</b> Personal service corp. (see instructions) <input type="checkbox"/> <b>4</b> Schedule M-3 attached <input checked="" type="checkbox"/>	<b>TYPE OR PRINT</b> Name <b>Acme Food Corp.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>61 Any Street</b> City or town, state, and ZIP code <b>Anytown, TX 78621</b>	<b>B Employer identification number</b> <b>11-0000013</b> <b>C Date incorporated</b> <b>06/15/1979</b> <b>D Total assets (see instructions)</b> \$ <b>58,864,760</b>
<b>E Check if:</b> (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change		

<b>Income</b>	<b>1a</b> Gross receipts or sales	<b>1a</b>	<b>24,403,531</b>	
	<b>b</b> Returns and allowances	<b>1b</b>		
	<b>c</b> Balance. Subtract line 1b from line 1a	<b>1c</b>	<b>24,403,531</b>	
	<b>2</b> Cost of goods sold (attach Form 1125-A)	<b>2</b>	<b>21,212,382</b>	
	<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>	<b>3,191,149</b>	
	<b>4</b> Dividends (Schedule C, line 19)	<b>4</b>		
	<b>5</b> Interest	<b>5</b>	<b>1,727,325</b>	
	<b>6</b> Gross rents	<b>6</b>	<b>1,115,864</b>	
	<b>7</b> Gross royalties	<b>7</b>		
	<b>8</b> Capital gain net income (attach Schedule D (Form 1120))	<b>8</b>		
	<b>9</b> Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	<b>9</b>		
<b>10</b> Other income (see instructions—attach statement)	<b>10</b>	<b>50,308,174</b>		
<b>11</b> <b>Total income.</b> Add lines 3 through 10	<b>11</b>	<b>56,342,512</b>		
<b>Deductions (See instructions for limitations on deductions.)</b>	<b>12</b> Compensation of officers (see instructions—attach Form 1125-E)	<b>12</b>		
	<b>13</b> Salaries and wages (less employment credits)	<b>13</b>	<b>2,023,917</b>	
	<b>14</b> Repairs and maintenance	<b>14</b>	<b>35,556</b>	
	<b>15</b> Bad debts	<b>15</b>	<b>4,719</b>	
	<b>16</b> Rents	<b>16</b>	<b>421,651</b>	
	<b>17</b> Taxes and licenses	<b>17</b>	<b>1,551,702</b>	
	<b>18</b> Interest	<b>18</b>	<b>19,262</b>	
	<b>19</b> Charitable contributions	<b>19</b>	<b>15,814</b>	
	<b>20</b> Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	<b>20</b>	<b>178,987</b>	
	<b>21</b> Depletion	<b>21</b>		
	<b>22</b> Advertising	<b>22</b>	<b>30,731</b>	
	<b>23</b> Pension, profit-sharing, etc., plans	<b>23</b>	<b>220,417</b>	
	<b>24</b> Employee benefit programs	<b>24</b>	<b>168,604</b>	
	<b>25</b> Domestic production activities deduction (attach Form 8903)	<b>25</b>		
	<b>26</b> Other deductions (attach statement)	<b>26</b>	<b>2,397,475</b>	
	<b>27</b> <b>Total deductions.</b> Add lines 12 through 26	<b>27</b>	<b>7,068,835</b>	
	<b>28</b> Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.	<b>28</b>	<b>49,273,677</b>	
<b>29a</b> Net operating loss deduction (see instructions)	<b>29a</b>			
	<b>b</b> Special deductions (Schedule C, line 20)	<b>29b</b>		
	<b>c</b> Add lines 29a and 29b	<b>29c</b>		
<b>Tax, Refundable Credits, and Payments</b>	<b>30</b> <b>Taxable income.</b> Subtract line 29c from line 28 (see instructions)	<b>30</b>	<b>49,273,677</b>	
	<b>31</b> Total tax (Schedule J, Part I, line 11)	<b>31</b>		
	<b>32</b> Total payments and refundable credits (Schedule J, Part II, line 21)	<b>32</b>		
	<b>33</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>33</b>		
	<b>34</b> <b>Amount owed.</b> If line 32 is smaller than the total of lines 31 and 33, enter amount owed	<b>34</b>		
	<b>35</b> <b>Overpayment.</b> If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	<b>35</b>		
	<b>36</b> Enter amount from line 35 you want: <b>Credited to 2013 estimated tax</b> <input checked="" type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>36</b>		

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00000001</b>
Firm's name <b>Electronic Tax Filers, Inc.</b>	Firm's EIN <b>11-0000011</b>			
Firm's address <b>100 Efile Drive, Anytown, TX 75231</b>	Phone no. <b>512-555-1212</b>			

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11450Q

Form **1120** (2012)

<b>A Check if:</b> 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input checked="" type="checkbox"/>	<b>TYPE OR PRINT</b>	Name <b>The Greek Playhouse</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>60 Any Street</b> City or town, state, and ZIP code <b>Anytown, TX 78621</b>	<b>B Employer identification number</b> <b>11-0000012</b> <b>C Date incorporated</b> <b>06/15/1979</b> <b>D Total assets (see instructions)</b> \$ <b>47,724,050</b>
<b>E Check if:</b> (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

<b>Income</b>	1a Gross receipts or sales	1a	530,446		
	b Returns and allowances	1b			
	c Balance. Subtract line 1b from line 1a	1c		530,446	
	2 Cost of goods sold (attach Form 1125-A)	2		315,431	
	3 Gross profit. Subtract line 2 from line 1c	3		215,015	
	4 Dividends (Schedule C, line 19)	4			
	5 Interest	5			
	6 Gross rents	6			
	7 Gross royalties	7			
	8 Capital gain net income (attach Schedule D (Form 1120))	8		220,747	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		2,147	
10 Other income (see instructions—attach statement)	10		220,747		
11 <b>Total income.</b> Add lines 3 through 10	11		658,656		
<b>Deductions (See instructions for limitations on deductions.)</b>	12 Compensation of officers (see instructions—attach Form 1125-E)	12			
	13 Salaries and wages (less employment credits)	13		128,917	
	14 Repairs and maintenance	14		1,568	
	15 Bad debts	15			
	16 Rents	16		7,150	
	17 Taxes and licenses	17			
	18 Interest	18		2,142	
	19 Charitable contributions	19		15,602	
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		7,603	
	21 Depletion	21			
	22 Advertising	22		1,943	
	23 Pension, profit-sharing, etc., plans	23			
	24 Employee benefit programs	24			
	25 Domestic production activities deduction (attach Form 8903)	25			
	26 Other deductions (attach statement)	26		100,753	
	27 <b>Total deductions.</b> Add lines 12 through 26	27		265,678	
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.	28		392,978	
	29a Net operating loss deduction (see instructions)	29a			
b Special deductions (Schedule C, line 20)	29b				
c Add lines 29a and 29b	29c				
<b>Tax, Refundable Credits, and Payments</b>	30 <b>Taxable income.</b> Subtract line 29c from line 28 (see instructions)	30		392,978	
	31 Total tax (Schedule J, Part I, line 11)	31			
	32 Total payments and refundable credits (Schedule J, Part II, line 21)	32			
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	33			
	34 <b>Amount owed.</b> If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34			
	35 <b>Overpayment.</b> If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35			
	36 Enter amount from line 35 you want: <b>Credited to 2013 estimated tax</b> ► <b>Refunded</b> ►	36			

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____	Date _____	Title _____	
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May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00000001</b>
Firm's name ► <b>Electronic Tax Filers, Inc.</b>			Firm's EIN ► <b>11-0000011</b>	
Firm's address ► <b>100 Efile Drive, Anytown, TX 75231</b>			Phone no. <b>512-555-1212</b>	